University of Alberta

Social Engagement in Relocated Older Adults

by

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DEDICATION

To my family –
My husband, for supporting me as I pursue my dreams
My parents, for always believing in me

Abstract

Relocation, a common transition in older adults, can disrupt existing social networks and challenge seniors to reconstitute these networks. Social engagement is a required component of the process of reconstituting social networks and of feeling connected. In fact, social engagement is considered a precursor to creating social relations and maintaining them.

The purpose of this focused ethnographic study was to develop an understanding of the experience of social engagement for new residents of a senior-designated apartment building in a Canadian urban area. The study was conducted in an apartment building that caters to independent adults over the age of 55 years. Tenants had access to a number of services to support independence, including organized activities and dining room services.

Social engagement was defined in this study as a psychological thought process and a conscious behaviour that shapes all forms of social relationships. Fourteen events of observations and participant-observations, 20 interviews with older adults, and several discussions with staff, as well as 26 documents, were components of the data collection process. Findings revealed that seniors who felt vulnerable created four types of connections to achieve their interaction goals: security, casual interaction, support, and friendship. These findings provided a new understanding of the concept of social engagement in older adults previously lacking in the literature. Influencing social engagement were the social and environmental context as well as personal biological, psychological, and social factors.

Participants described the process of social engagement, characterized by two phases of receptiveness and involvement, as nonlinear. They described conditions important for this process, including taking time and being careful about with whom they engaged socially. Although the process did not determine the type of relationship that would develop, its outcome was the creation of social ties that met their goals.

The findings of this study provide new insight into the concept of social engagement in relocated older adults. Of particular interest is the social engagement model derived from this study. The model provides nurses and other health care professionals with specific information about the process of social engagement and the factors that influence the process.

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CHAPTER 1

INTRODUCTION

Social networks and social support are recognized as important determinants of health and have been acknowledged as an important aspect of health care since they were introduced as a concept in health care by Marc Lalonde, Minister of National Health and Welfare, in 1974. These well-established factors, which influence the health and well-being of all Canadians and which include environmental and behavioural aspects of individuals' lives, guide the practice of nurses and other health care professionals.

Older adults, like all individuals, are often faced with decisions and transitions that will have an impact on their health and well-being (Armer, 1993; Cotter, Meyer, & Roberts, 1998). In particular, they can feel vulnerable and be challenged by decisions pertaining to their ability to stay in their present home or the need to relocate. In fact, relocation, a common transition in older adults'[1] lives, can disrupt existing social networks and challenge seniors to reconstitute these networks. Social engagement is a required component of the process of reconstituting social relationships and of feeling connected. The experience of social engagement, that capacity to initiate, accept, and engage in social activities and to feel connected in one's social world (Harwood et al., 2000; Kiely et al., 2000), is believed to be important for older adults' well-being, especially after relocation to a new environment. In this study, an operational definition of *social engagement* was derived from the literature and used to focus the research. The definition employed

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[1] I have used the terms *older adults*, *senior*, and *elderly* interchangeably in this document. Although I recognize that certain terms might have derogatory connotations, the literature refers to adults over age 65 years with a variety of expressions, which will be reflected in this text.

describes social engagement as a psychological thought process and a conscious behaviour that shapes all forms of social relationships. Social engagement is a prerequisite for creating social relations and maintaining social networks. Because social networks are potential sources of social support and influence health and well-being, it is crucial for relocated seniors to establish new networks within their latest residential environment.

Study Purpose and Research Questions

The purpose of this study was to develop an understanding of the experience of social engagement for new residents of a senior-designated apartment building. The research questions were:

1. What is the meaning of social engagement for newly relocated older adults?
2. What social context and environmental factors (including the residential environment) influence social engagement?
3. What personal biological, psychological, and social factors influence social engagement?
4. What is the process of reconstituting social networks following relocation?

This ethnographic study was conducted in a senior-designated apartment building in Southeastern New Brunswick, Canada, with older adults who had recently relocated to that facility and long-time tenants that could inform the study.

Statement of the Problem

Seniors are one of the fastest-growing population groups in Canada. By 2021, 17% of the population in Canada will be over the age of 65 years, and the majority of these seniors will be women (Health Canada, 2002). As approximately 30% of adults

over age 65 years will change residence annually, and only 7% of all seniors live in institutions (Statistics Canada, 2005), it is predicted that apartment buildings specifically designed for seniors will become a popular alternative for older Canadians (Crogan, 1993; National Advisory Council on Aging [NACA], 1999). In fact, Statistics Canada reported that 29% of older adults reside in apartment buildings, and that by age 85, 41% have decided to live in apartments.

Housing and the home environment were important concerns to older adults, who are at risk for loss of independence (Lewin, 2001). Home has the symbolic meaning of a boundary between family and society. According to Waite and Hughes (1999), one's home is the repository of critical social roles, such as those of spouse, parent, and grandparent, but also of neighbour and resident of a community. Even with the changing composition of family and neighbourhoods, the nostalgic associations of family life remains for older adults (Dupuis & Thorns, 1996). The meaning of home, therefore, is a combination of the physical building, the family and affection, and the dwelling in time and space. Home includes everything in the house and immediately around it (Swenson, 1998). The concept of home has, therefore, a very personal meaning that encompasses many feelings.

The choice to relocate from one's home can be motivated by crisis, physical decline, or simply a desire for a smaller place requiring less maintenance (Glassman, 1998). However, transition to a new home in old age has not been associated with positive feelings or celebrations (Silver, 1998), as it is often considered a crisis by seniors and their families (Oleson & Shadick, 1993).

Senior-designated apartment buildings are often a viable housing option for older adults when their present home becomes increasingly problematic to maintain. In addition to promoting older adults' independent living, these apartment buildings frequently have the conveniences of common activity areas, a communal dining room, and easy access to public transportation, and some have additional services, such as banking and hairstyling. Some senior-designated apartment buildings also have weekly visits from a community health nurse for health monitoring and prevention care (Dupuis & Dupuis, 2000; Young, 1998).

Although an increasing number of older adults will be seeking housing options such as senior-designated apartment buildings (Armer, 1996), such relocation can be stressful and difficult. My work experience as a public health nurse reinforces the assumption that for senior adults, the stress of moving is great. Many seniors whom I visited before relocation were sad to be leaving familiar surroundings. After relocating to a senior-designated apartment building, some seniors that I visited were struggling to fit in. Some would isolate themselves socially and report feelings of low self-esteem, anxiety, and an overall sense of being unwell.

In an earlier grounded theory study of the experiences of relocating to senior-designated apartment buildings, the older women interviewed identified the central problem as reestablishing self and making the physical and psychosocial changes necessary to construct a new, supportive, and aesthetically pleasing living space while trying to maintain a sense of well-being (Dupuis-Blanchard, 2004). The basic social process that emerged in response to this central problem was building a new nest, a

nonlinear and stressful process that included the three phases of parting with a meaningful past, shaping a desired future, and settling into an altered present.

Specifically, the third phase of the study (Dupuis-Blanchard, 2004), labelled settling into an altered present, represented the time during which older women relocated to the senior-designated apartment building. Participants of the study began adjusting physically to their new environment, by setting up their apartments, and psychosocially, by joining in, that is, socializing with other seniors in the building. Older women at this stage would maintain social interactions, albeit increasingly limited ones, outside the senior-designated apartment building. Although this study described joining in as women's participation in formal and informal social activities, it did not explicitly explain the experience of social engagement. In this study, factors such as feelings of anxiety, physical capacity, and an attitude of self-determination influenced the actions related to joining in. The current study addresses the experience of social engagement in more depth.

Background

The benefits of social relationships are multiple. Older adults' have described having a sense of value, belonging, companionship, control, and self-efficacy when participating in social relations (Avlund, Lund, Holstein, & Due, 2004). Social relations also have beneficial effects on functional abilities (Avlund et al., 2004). Rook (2001), in a study of emotional health and social exchanges, found that positive exchanges contributed to a positive mood, but negative exchanges both provoked a negative mood and eroded a positive one. The importance of social engagement, with its influence on the biopsychosocial-cultural-spiritual dimensions of the person,

cannot be ignored. Engaging in social interactions has been identified as a restorative activity for elders; that is, one that promotes cognitive functioning, feelings of greater mental energy, and peacefulness (Jansen & Sadovszky, 2004). Haan (1999), in an editorial, highlighted that participating in social interactions prevents cognitive decline in old age by helping people to maintain social skills, the ability to communicate, and the ability to work out complex social situations.

On the other end of social relations is social isolation, which has many negative effects on the physical and mental health of older adults (Berkman, Glass, Brisette, & Seeman, 2000). With few or no social contacts, seniors can feel depressed (Ostir, Eschbach, Markides, & Goodwin, 2003), have an increased likelihood of having cardiovascular conditions (Sorkin, Rook, & Lu, 2002), and experience feelings of loneliness (Sorkin et al., 2002).

Scholars have been interested in the social aspects of older adults since the 1960s. Of the social theories, developed, two are particularly well known: social disengagement theory and social activity theory. Disengagement theory was one of the earliest theories in social gerontology and has also been the most widely discussed (Cox, 1996; Cumming, Dean, Newell, & McCaffey, 1960; Hooyman & Kiyak, 1996). The basic premise of this theory is that with old age, interactions with those in the social world inevitably decrease, resulting in both the individual's and society's withdrawal from one another (Cumming et al., 1960). This theory was quickly refuted by gerontologists (Brown, 1996). Critique of the theory has included that it has been tested only in part, that it is culturally bound to North American trends, and that the various levels of government were the ultimate beneficiaries of such a theory (Cox,

1996; Brown, 1996; Hooyman & Kiyak, 1996), as it absolves them of responsibility for services.

On the opposite end of the spectrum, the activity theory posits that "normal" aging involved maintaining the activities of middle age and has been described as a commonsense theory (Cox, 1996; Havighurst, 1968; Hooyman & Kiyak, 1996). Remaining active was also believed to be a key factor for happiness and ability to adjust to life in general (Brown, 1996). A general critique of the activity theory has been that it neither questioned nor answered the question of inactivity and its consequences, and the level of activity necessary for well-being (Brown, 1996; Hooyman & Kiyak, 1996). Although these theories have influenced our beliefs about old age and social activities, their premises have stimulated many debates that have not necessarily advanced our knowledge on the matter.

Although present knowledge on social engagement is limited, the impact of the literature on determinants of health has increased our understanding of the importance of social networks for health and social support. Twelve determinants of health have been described as influential for the health and well-being of Canadians. Of particular interest for this study were social support networks, social environments, and physical environments, all of which are well established as influencing health (Meeting of the Ministers of Health, 1994, 1999). In the report *Strategies for Population Health: Investing in the Health of Canadians* (1994), social support networks were described as those social relationships with family, friends, and communities that result in a sense of control over one's life and a sense of satisfaction and well-being that seems to prevent health problems. Social

environments, or social networks within the community, also have a significant influence on health and well-being.

In addition, the World Health Organization (WHO) has published a second edition of *The Social Determinants of Health* (2003) report, in which it discussed social exclusion and social support (social relations and networks) as key influential factors for health and well-being. Both the *Lalonde Report* (1974) and WHO have acknowledged that support from family, friends, and communities; factors related to housing and community design; and social networks influence health.

The research literature, as well as governmental policy publications, clearly indicates the importance of social networks as a resource for health; however, the risks of social isolation, as opposed to social interaction, are known, especially in an older population composed of women, who tend to live alone. More research studies are needed to generate better understanding of supportive environments and social networks (Forbes, 2001; Fuhrer & Stansfeld, 2002; Ostir et al., 2003; Silveira & Allebeck, 2001). Swenson (1998) has suggested that we need a better understanding of the possible influences on health within the home environment. This is especially important in light of the social health movement of providing care in the home. Reicherter and Billek-Sawhney (2003) have reminded us that receiving care at home usually enhanced well-being and social contacts; however, aging-in-place might also create significant problems and long periods of isolation.

As described, older adults are likely to relocate, at some point, to senior-designated apartment buildings, which creates the potential for disruption of social networks. Previous research has described the process of relocating and the concept

of social networks and social support, but few, if any, studies have explored the experience of seniors' social engagement in a new social environment following relocation. Because the process of social engagement is a precursor to the development of social relations, the proposed research has potential to generate information important for the health and well-being of older adults.

Significance of the Study to Nursing

This ethnographic study uniquely informs nurses and other professionals on the process of social engagement in older adults living in a new environment, specifically a senior-designated apartment building. An ethnographic approach enhances understanding of the influence of culture and the environment on the phenomenon of social engagement. A better understanding of social engagement following relocation to seniors' housing will enable nurses to provide appropriate care and support to these individuals and their families. Armer (1993), in her study of factors influencing adjustment to relocation, argued in particular that community health nurses are in a position to assess social networks and help those individuals at high risk for isolation.

In the following chapters, I will present the literature pertinent to the current study, the findings of the study, a discussion of the findings with the aid of the literature, and a conclusion that will highlight future research needs along with the strengths and limitations of the study.

CHAPTER 2

LITERATURE REVIEW

For the purpose of this investigation, I reviewed literature related to social engagement, relocation, and older adults. Because the social world of older adults has been referred to in many ways in the literature, in the following review I have also addressed the use of various terms in an attempt to clarify their meaning in the present study.

Theoretical Perspective

The study of social gerontology, and, specifically, the various aspects of social relationships, has been hampered by the inconsistent use of terms and definitions (Bennett, 2002; Harwood, Pound, & Ebrahim, 2000; Kiely, Simon, Jones, & Morris, 2000). In the following section, I will present support for the selection of the concept of social engagement over other terms by putting forward various theoretical views on social relationships and the meaning of social engagement.

Theoretical Views on Social Relationships

A number of theories or theoretical linkages have been proposed to explain how well-being is related to social relations and affected by certain conditions. Some studies have been concerned with physiological changes, whereas others have focused primarily on psychological effects. As a result, conflicting evidence concerning health outcomes related to social relations have been identified (Kontos, 1998).

The link between the physical environment and individuals has long been considered in various theories. One such theory is Lawton's person-environment

theory (Chen & Wilmoth, 2004; Lawton, 1982; Wilmoth, 2000). Lawton's ecological model is termed a predictive model for the behaviour of older adults. Its premise is that behaviour is a function of the person and the environment (Lawton, 1982). The model incorporates the interaction of the competences of older adults, described as biological health, sensory capacity, motor skills, cognitive capacity, and ego strength, with the context of the environment to produce a behaviour. Hence, the behaviour of an individual when faced with a given environmental stimulus may be seen as either adaptive or maladaptive (Lawton, 1982). Ryff and Essex (1992), referring to a self-concept framework, have argued that this theory placed too much emphasis on the environment while ignoring the role played by the individual.

From an individual perspective, Rosenberg's (1979) self-concept framework delineated specific mechanisms by which individuals give meaning to their life experiences so as to benefit their self-evaluations. These mechanisms included social comparisons, reflected appraisals, behavioural self-perceptions, and psychological centrality, and related to how an individual would interpret events so as to have a favourable impact on the self.

The socioemotional selectivity theory, proposed by Carstensen, posited that older adults select interactions that will benefit or improve their emotions (Carstensen, 1991, 1992; Carstensen, Fung, & Charles, 2003). Proponents asserted that this theory was compatible with both the activity theory and the disengagement theory of aging, as it claimed that reduced rates of interaction were a result of lifelong selection processes by which people selectively choose to interact to maximize social and emotional gains and minimize risks (Carstensen, Fung, et al., 2003).

Consequently, older adults choose to maintain interactions with established social networks, which maximize gains, whereas contacts with strangers are less likely to provide benefits and are more likely to demand greater energy expenditure and, possibly, some risk. According to Carstensen, one's choice of social partners across the life span is categorized by three dimensions: the information potential of the partner, potential for future contact, and affective reward. Whereas adolescents place greater importance on potential for information and future contact, older adults emphasize the potential for affective reward. Thus, older adults select social interactions for emotional rewards.

Similarly, the social exchange theory posited that individuals in interaction seek to obtain the maximum benefits while engaging in those interactions with the least cost (i.e., risk) (Clarke, 1997). This assumes a relationship of power between those in interaction, whereby one benefits and the other is power dependent. The basis of social exchange theory was the exchange of resources and social benefits (Auld & Case, 1997). Social benefits can be described as making friends, gaining recognition, and receiving support. Accordingly, the notion of reciprocity, wherein the receipt of rewards is contingent on favours returned, better explains the social exchange theory (Hinson Langford, Bowsher, Maloney, & Lillis, 1997). In the face of imbalance in an exchange, the individual would seek alternative sources of exchanges and rewards (Clarke, 1997).

A framework for social support assessment and intervention has also been proposed (Stewart & Langille, 2000). In this framework, the constructs were defined as the sources, functions, appraisal, and duration of support. The framework also

posited a reciprocal relationship between stress and social support, as well as conceptualizing social support as a coping resource.

Other models included the notion of the convoy model, which evokes the image of a protective layer of family and friends who surround the individual and help negotiate life's challenges (Antonucci & Akiyama, 1987). Convoys are lifelong in nature, in that they remain stable across time and situations. The convoy model is thought to provide a framework within which supportive exchanges can be understood.

Although these various theories or models have, to some extent, taken into account the role of social relationships in well-being, none have explicitly discussed the importance of social engagement in older adults. All have taken for granted the process of social engagement, going directly to discussing the importance of social support, social networks, and social ties. Although related, however, social engagement is different from other terms. Social engagement is the means or process through which social networks and social ties are derived. It precedes all notions of social relationships and social support. In the following section, I will present and discuss various terms related to social engagement to argue for the importance of this study about social engagement and older adults.

Related Concepts

Various concepts have been used in the literature to refer to social relationships. More important, many of these concepts are intertwined and are used interchangeably without consideration for differences in conceptualization. However, literature on these related terms has not considered the importance of social

engagement in the development of social relationships. For example, the literature on the concept of social ties refers to *social support*, *social integration*, and *social networks*. Social ties have been defined as interpersonal relationships that form the basis of community (MacQueen et al., 2001). Suissa (2001) also described social ties as the ways, visible or not, that allowed us to establish equilibrium between self-identity and the larger social environment, such as relationships with family, siblings, friends, neighbours, and acquaintances. Suissa found that ties were developed with people that could be trusted, with whom people were comfortable, who cared about each other, with whom they interacted or chose to be sociable, and whom they always saw in the background or around them (MacQueen et al., 2001).

Social ties. Social ties have been related indisputably to mental health (Bullers, 2000; Froland, Brodsky, Olsen, & Stewart, 2000; Kawachi & Berkman, 2001; Seeman, 1996; Williams, 1999). In fact, in a review exploring the relationship between social ties and health, Kawachi and Berkman, and Seeman reported that social ties reduce the incidence of depressive symptoms; however, depending on the type of social tie, some might have a negative effect. Kawachi and Berkman reported that social ties varied with sex, socioeconomic status, and life stage. In fact, for the elderly, social isolation and loss of social ties were the most potent predictors of mental health problems, specifically depressive symptoms (Kawachi & Berkman, 2001). These same researchers reported that the death of a spouse was consistently more damaging to the mental and physical health of men than of women, and that those most in need of support from their social networks were often those least likely to receive it. Suissa (2001), in analyzing psychosocial issues related to social ties,

reported a correlation between the social ties of people found using soft drugs and the sentences they received from the penal system. It seemed that people with stronger social ties received lighter criminal sentences, because strong social ties are associated with a good chance for rehabilitation. For the same reason, persons with weaker social ties usually received more severe penal decisions. Social ties are therefore important in determining outcome of certain situations.

Froland et al. (2000) referred to network analysis to measure the concept of social ties. Network analysis consists of defining a boundary for the network to reduce the extent of social ties to manageable terms. The second step is to define the characteristics of the relationships. These included the structure (size, proximity, kin versus other), the patterns of interactions (how long members knew each other, number and frequency of contacts), and the supportive functions (degree of help). The stability of the network was reported to be at risk following relocation, deaths of members of the social network, and loss of contacts.

Bullers (2000), who used a random-digit dialling selection technique to recruit 505 participants, developed an emotional ties scale to distinguished types of social tie: those providing emotional or instrumental support and those that were demanding. Bullers measured the types of social tie by the responses of participants to questions related to the availability of intimate others to talk to, whether the participant could find someone to help with a ride, and whether friends or relatives made too many demands on them. Participants responded to a four-point scale, and each participant's responses were summed and divided to generate a score. Bullers argued that demanding social ties are associated with increased depressive symptoms.

In addition, she reported that women received more emotional support than men did but had higher rates of depressive symptoms, whereas men reported more social ties than women did. Limitations of this study include lack of information on the scale used and lack of definitions to differentiate the types of social tie.

Likewise, social networks are often conceptualized as the structure for other social relationships. The literature on social networks is vast, and a number of studies have researched the influence of social networks on health, HIV, and drug use (Costenbader, Aston, & Latkin, 2006; El-Bassel, Cooper, & Chen Schilling, 1998; Ennett et al., 2006; Knowlton, Hua, & Latkin, 2005; Lovell, 2002). The concept of social networks has been defined as the structure of one's social world, comprising social relationships that provide social support (Rauch & Ferry, 2001), the linkages made to others (El-Bassel et al., 1998), and patterns of relationships to groups and society (Cott, 1997).

A few researchers have developed network typologies or detailed descriptions that aid understanding of this concept. Powers (1992), in a qualitative study of 69 institutionalized seniors, identified four types of network that differ in size, ties, and connectedness: institution centred, small cluster, kin centred, and balanced. Similarly, Wenger (1997), in a review of the literature on social networks and the risk of isolation for seniors, described five categories of networks: locally integrated, wider community focused, local self-contained, local family dependent, and private restricted. Risks for isolation were high for the local self-contained and private restricted networks. Glass, Mendes de Leon, Seeman, and Berkman (1997), using confirmatory factor analysis of data from 2,812 noninstitutionalized older adults,

examined indicators of social networks and social ties among seniors and reported 14 indicators of social ties within the four networks of children, relatives, friends, and confidants.

Fudge, Neufeld, and Harrison (1997) also described the social networks of women caregivers in a secondary analysis, identifying three typologies of social networks in women caregivers: diverse, semidiverse, and kin focused. The type of social network to which the women belonged was associated with differences in satisfaction with support received (Fudge et al., 1997). The caregivers who had diverse social networks were the most satisfied with the support received and had little conflict compared to those who were unsatisfied with kin-dominated social networks.

Zunzunegui, Koné, et al. (2004) reported that social networks, integration, and support had positive associations with health in two French-speaking communities (New Brunswick and Quebec) based on a survey of 3,018 participants over the age of 65 years. Similarly, Jang, Mortimer, et al. (2003) reported, from their cross-sectional study of 425 older adults on the role of vision and hearing in social functioning, that hearing was a significant predictor of participation in social activities. This has tremendous impact for older adults. Vision was not found to have any significant association with social activities (Jang, Mortimer, et al., 2003). Although this study included older adults with sensory loss, the sample of study participants was biased toward older adults with good sensory functioning. Furthermore, the design did not identify causal relationships among the constructs. A study by Holmén and Furukawa (2002) on loneliness, health, and social networks

among 1,702 elderly reported that most elderly were satisfied with their contacts with friends and therefore, in general, did not report feelings of loneliness. Because of the high rate of attrition in this study's follow-ups, however, findings should be interpreted cautiously.

Espwall and Olofsson (2002), using structural equation modeling, conducted a study of social networks with 163 women between the ages of 20 and 59 years with a musculoskeletal disorder. They found, not surprisingly, that healthier patients experienced more social attachment and social integration, most likely because social network relationships are based on reciprocity. Study limitations included the use of self-reported data and a lack of base measures available for comparison.

Although social networks have a reputation for having positive effects on health, Hamrick, Cohen, and Rodriguez (2002) reported from a prospective study on 115 participants aged 18 to 30 years that diverse social networks can also be detrimental to health when considering upper respiratory infections and the susceptibility of certain members of society. They assessed social network diversity by focusing on 12 types of social relationships: spouses, parents, parents-in-law, children, other close family members, close neighbours, friends, workmates, schoolmates, fellow volunteers, members of groups, and members of religious groups. They found that study participants were more likely to develop upper respiratory infections following contact with members of their social network.

Community integration. Community integration considers integration of individuals within social networks and explores the different ways in which members of a smaller group are involved in the larger cultural group (Minnes, Buell, et al.,

2001). Social networks have been identified as useful gateways for accessing or getting connected to certain groups or services (Hatton, 2001).

Although many researchers agree on the definition of *community integration*, variations within this concept are numerous. A number of authors have defined the concept as independent living (Gordon & Brown, 1997; Mallik, Reeves, & Dellario, 1998; Minnes, Carlson, et al., 2003). Gordon and Brown specified that community integration assumes noninstitutional living, referred to the changing status of the individual and the environment, and considered the integration of individuals into social networks. They also mentioned the importance of having individuals define for themselves whether they have been successful in integrating into the community. Gordon and Brown placed individuals' integration on a continuum, from "only just there" to "fully active" in the community. Mallik et al. referred to the individuals' skills and functional status, and environmental supports as necessary for community integration. Minnes, Carlson, et al. studied the extent to which individuals reported feeling that they belonged and the nature of their support in relation to participation in the community and increased functional independence. Goals of community integration included fulfillment of the activities of daily living, engagement in normal social interactions with nondisabled neighbours, and having a sense of belonging (Mallik et al., 1998; Prince & Prince, 2002).

I identified no studies that addressed community integration among older adults. However, various researchers have explored the concept of community integration among other populations. For people with psychiatric disabilities, barriers to community integration are multiple. Mallik et al. (1998), in a descriptive study that

included 92 people with severe psychiatric disabilities, reported that inadequate financial resources, limited employment resources, and lack of vocational skills were barriers to community integration. These findings must be interpreted cautiously, however, as the researchers provided little information on the instrument used, and participants, who had a severe psychiatric disability, were asked to fill out the instrument without assistance. It is interesting to note that Mallik et al. (1998) also reported a discrepancy between practitioners' perceptions of community engagement and individuals' realities. Although participants identified financial resources, employment resources, and vocational skills as barriers, practitioners focused on symptoms and skill deficits.

Using sequential multiple regression analysis, Prince and Prince (2002) examined the relationship between perceived stigma and community integration in 95 individuals with psychiatric disabilities. Based on data from the surveys, they found that participants strongly believed that mental illness labelling and stigma from members of the community made integration difficult. In addition, inadequate housing, poverty, and unemployment were also considered barriers to community integration. Because clients from a community mental health centre self-selected for the study, it is possible that only high-functioning individuals took part.

Studies including individuals with spinal cord or brain injuries also found barriers to integration. Doig, Fleming, and Tooth (2001), in a retrospective study that looked at community integration 2 to 5 years postdischarge from a rehabilitation unit for traumatic brain injury, discovered that of the 208 study participants, 40% had a poor level of integration based on results from the Community Integration

Questionnaire (CIQ). The survey did not, however, ask participants whether they were satisfied with their level of participation and changes in integration based on their pre-injury status. Other limitations, due to the retrospective nature of the study, included missing data from medical records, a low response rate to the survey, and the absence of a control group. Similarly, Minnes, Buell, et al. (2001) interviewed 63 adults with brain injury and 63 caregivers, and reported that although the majority of individuals were living in the community, most study participants identified that their needs were not supported and that they were not involved in the community.

Social integration. As with the concept of community integration, a number of published research studies on social integration have focused on individuals with physical or mental impairments but have not incorporated studies with older adults. In fact, the two concepts, community integration and social integration, have been used interchangeably within some publications. The concept of social integration has been defined by Brodell (1996) as the degree or level of supportive relationships with others, whereas Carnaby (1998) defined it as increasing independence (similar to community integration). Jacob (1994) referred to the concept of social integration as a process of conflict, negotiation, and compromises that resulted in adaptation, but Hodges and Keller (1999) stated that social integration is associated with a sense of acceptance.

Carnaby (1998), who examined issues concerning the social integration of people with intellectual disability into the community, reported that people with intellectual disabilities tended to have interactions with others who had similar disabilities, therefore limiting their possibilities for social integration. Carnaby also

discussed social integration as having two components: relationship with others and the use of community resources. Support obtained from family, the residential environment, and services also influenced successful integration.

Hodges and Keller (1999) in a qualitative study that explored 6 visually impaired students' perception of their social integration in college, reported that background and both off-campus and on-campus influences promoted or hindered integration. Specifically, background influences included socioeconomic status, goals, family expectations, and prior social interaction skills. Off-campus influences included factors such as friends' not attending the same college, and family and off-campus contacts that limit opportunities for involvement on campus. On-campus influences included campus peers, place of residence, and extracurricular activities. In addition, Hodges and Keller referred to the inability to drive and lack of access to information as possible obstacles to social integration. Although only 6 participants took part, the study seemed to inform the concept of social integration in a new way.

Social support. Although the concept of social support remains complex to characterize (Badr, Acitelli, Duck, & Carl, 2001; Heller & Rook, 2001; Hupcey, 1998), the abovementioned concepts have in common the potential for social support. In fact, social support has become a very popular concept in the past 25 years (Badr et al., 2001), in part because it has been recognized as influential on physical and psychological well-being (Heller & Rook, 2001).

Social support has been defined in different ways and therefore lacks a consistent theoretical basis (Heller & Rook, 2001). It has most often been characterized as having three dimensions: structure, function, and appraisal (Stewart,

2000). First, the structure of social support comprises lay sources, such as one's spouse, family members, and friends, as well as professional sources, such as health professionals. Most important, support from sources that have recently experienced the same issue or stress (identical peers) were said to be the most beneficial (Stewart, 2000). Cutrona and Russell (1990) identified six dimensions of social support: emotional support, social integration support, esteem support, tangible support, informational support, and support of others. These same authors concluded that successful supportive interactions occurred when the type of support desired by an individual was the same as the type of support offered by the provider.

Badr and colleagues (2001) have differentiated between social support occurring in response to a stressful event and that occurring as an everyday interdependence between two people. Within the context of social support in conjunction with a life event (Badr et al., 2001), support has also been defined by the use of four functional attributes: emotional support, instrumental support, informational support, and appraisal support (Badr et al., 2001; Hinson Langford et al., 1997; Stewart, 2000). A multitude of studies have also been conducted on social support and life events. For example, studies reporting the benefits of social support for depression (Okun & Keith, 1998; Ramos & Wilmoth, 2003), osteoarthritis and depression (Sherman, 2003), arthritis (Abraido-Lanza, 2004), mental health (Becker, Stiles, & Schonfeld, 2002), cardiovascular health (Martire, Schulz, Mittelmark, & Newsom, 1999), physical activity (Everard, Lach, Fisher, & Baum, 2000) are abundant.

Appraisal of support, or perceived support, has been evaluated in relation to duration, direction, and drawbacks or benefits among caregivers in Canada (Stewart, 2000). Support can change over time, and the timing of support is critical to well-being. Furthermore, support might be either nonreciprocal or reciprocal, with the latter considered the most common. Support might also have drawbacks, such as overload, overprotection, and overcommitment, affecting both care provider and support recipient (Stewart, 2000). The benefit of social support for health is well established. In addition, most definitions of social support contain a positive connotation, but new evidence indicates that some interactions expected to be supportive might also be negative or nonsupportive (Neufeld & Harrison, 2003; Rook, 2003).

In the everyday interdependence view (Badr et al., 2001) of social support, support occurs naturally in the context of everyday regular relationships in which the need for support was anticipated and recognized early, thus preventing the accumulation of unnecessary stress and crisis. Accordingly, certain factors influenced the decision to provide or withhold support as well as the perception of the availability of social support. In particular, the characteristics of the relationship, individual factors such as roles and behaviours, perception of the need for support, and culture were influential (Badr et al., 2001; Sarason, Pierce, Bennerman, & Sarason, 1993).

Social Engagement

Because the concepts described above do not take into consideration how older people engage in the social world, in this study I have investigated the concept

of social engagement, defined as the degree of participation in a social setting and the ability to initiate and to be receptive to social interactions (Harwood et al., 2000; Kiely et al., 2000). In addition, Bennett (2002) considered three aspects of social aging, one of which included social participation, or social engagement with the social world, and which implied the wilful choice to participate. Hobson and Lee (1998) have defined social engagement as the ability to form usual biologically provided affective contacts, that is, contacts that are considered habitual for humans.

The nature of social contacts changes as we grow older. Interactions might include more extensive contacts with non–family members or formal groups, such as associations or agencies, and might become more fluid, with fewer obligations (Haan, 1999). Social engagement, however, can be challenged in old age by gradual deterioration of physical and cognitive abilities (Kiely et al., 2000; Haan, 1999); sensory loss, such as hearing and vision impairments; and depression, which can lead to or be caused by social isolation (Haan, 1999). Chronic illness or comorbidity also provides limitations for social engagement (Kiely et al., 2000; Harwood et al., 2000). Relocation or placement in an institution challenges the opportunities for social engagement (Kiely et al., 2000). With placement comes a significant disruption in relationships with family and friends, which often challenges the needs of older adults for social engagement.

In a study of the determinants of social engagement and the associations between social engagement, health, and social variables in 5,905 men aged 51 to 70 years, Harwood and colleagues (2000) used a cross-sectional analysis of questionnaire data from a national cohort study. These researchers distinguished

between two types of social engagement—contact with people outside the immediate household (membership in a club, attending religious service, writing a letter) and connection to the wider community (voting, reading a magazine or newspaper)—using a social engagement scale. Their findings indicated that social engagement was higher for men who were married, who were nondisabled, and who owned a car and a house. Lower levels of social engagement were found for men who were not married, were disabled, rated their health as poor, came from a lower social class, had high comorbidity, and were advancing in age. The researchers did not address how men engaged in new environments. Furthermore, the reliability of the scale and the types of questions asked were not presented in the article; therefore, study findings might need to be considered cautiously. It seems, however, that both socioeconomic factors and health status influence social engagement. Harwood et al. also noted that men with a history of heart attack or stroke had lower social engagement scores.

To understand more fully the constructs of social engagement of residents from residential care or assisted-living, Zimmerman and colleagues (2003) referred to data from the 2,078 participants of the Collaborative Studies of Long-Term Care. They assessed social engagement in three main areas using the Assisted Living Social Activity Scale developed for the study: social activity participation in the past 7 days, number of visits and telephone contacts with family and friends during the past 2 weeks, and the degree of social enjoyment, invitation, and responsiveness. The scale was developed for the particular study, and the authors did not provide information as to the reliability and testing done with the scale prior to its use in the study. They also assessed residents' hearing, cognitive function, and functional dependence by self-

report or care provider report. In addition, they assessed facility type and availability of activities only through administrative reports. Based on principal component analysis, findings indicated that newer, larger facilities provided the most social activities. Specifically, the old-old were less involved, and women were more likely than men to be involved in private and group activities. Residents with hearing impairments, dementia, and functional dependence were involved in fewer activities and had less visitor contact. These researchers suggested that when considering social engagement, researchers need to take into consideration the facility and the residents' characteristics. Limitations of this study included the lack of precision of the measurement tool used and the fact that the researchers did not assess relationships between residents and facilities' staff when considering social engagement.

The benefits of social engagement have been investigated by a number of researchers. Kiely and colleagues (2000) examined the effect of social engagement on mortality among 927 long-term care residents in a retrospective cohort design study based on a periodic comprehensive assessment of residents (minimum data set) and found that a high level of social engagement was associated with longer survival. They also explained that more impaired residents had fewer opportunities and less stamina for social engagement, which they assessed based on a five-item social engagement scale (Cronbach's alpha = 0.79): resident at ease interacting with others, resident at ease doing planned or structured activities, resident established own goals, resident pursued involvement in life of facility, and resident accepted invitations into most group activities. A major limitation of this study was that Kiely et al. assessed social engagement based on a previously developed but unrelated assessment scale

and did not give details as to how the items on the scale were assessed in their study, given that the design was retrospective.

Bennett (2002) also examined whether a low level of social interaction was a precursor for mortality in old age using a case-control design in a study conducted over 8 years. At Time 1 (T1), 1,042 men and women participated, whereas 406 participants took part at Time 3 (T3) of the study. Findings indicated that a low degree of social engagement was directly related to mortality in old age. Bennett differentiated two types of social engagement: actual and symbolic. The actual type included activities such as voting, attending religious services, and going to the library, among others. Symbolic engagement included letter writing, reading a newspaper or magazine, watching television, and listening to the radio. The variables of age, sex, and health were controlled for at T1, so that participants were matched. At T2 and T3, however, the variable of health was no longer controlled for. Furthermore, in a case-control design, the findings must be interpreted cautiously, as it was able to show only that those who died during the 8 years of the study had had lower levels of social engagement.

Theoretical Perspective for the Study

From the above discussion on related concepts, it is evident that social ties and networks are beneficial to seniors' health and well-being. What remains unclear is how seniors go about creating these ties and maintaining networks. This study on social engagement in newly relocated older adults was an attempt to understand more fully the creation of social relations through social engagement.

Although seniors who relocate to congregate housing are still highly independent and able to maintain social ties and networks outside their immediate surroundings, social connections with neighbours can be important for well-being and support. Humans are social beings in need of a variety of social relationships. These relationships have vital intrinsic values central to self-identity, self-confidence, and overall health and well-being. It is in the nature of humans to bond with both similar and different types of people. For older adults, who frequently have to face a reduction in the size of their network due to relocation, illness, and death, it is even more important to have neighbourhood connections.

As previously discussed theories and concepts are unsuitable for informing the concept of social engagement, I will attempt in this study to better define and explain in more detail the uniqueness of the concept of social engagement. I consider social engagement as the psychological and physical movement toward interaction involving the individual and the social environment for the establishment of possible social ties. Engagement is a prerequisite for all social relations. A person must make the conscious decision to initiate and respond to engagement. Although others can encourage new social relations, it is the individual who must resolve to engage and create flow and reciprocity in the relationship. The potential for social support derives from these relationships.

Contextual Perspective

To understand more fully and appreciate the complexity of residential relocation and social engagement in older adults, I have provided in the following

sections a review of studies on such topics as senior-designated housing, the process of relocating, and the impact of relocation.

Senior-Designated Housing

When independent older adults consider housing options, senior-designated housing is often an attractive option. Although many prefer to remain in single-family homes (Folts & Muir, 2002), older adults, when they experienced a loss of independence, often considered relocating to more communal housing arrangements for various reasons.

Historically, housing for older adults has always been an important issue for gerontologists. The concept of "granny flats," which consisted of small, temporary housing located on a relative's property, emerged in the late 1970s in Australia but never caught on in America. Likewise, mobile homes or modular housing were never attractive options for older adults because of their still-too-large size. In addition, many towns have changed their bylaws and do not permit such housing within town limits (Folts & Muir, 2002). Another housing alternative was the accessory apartment, or, as it was commonly called, the "in-law suite" (Chapman & Howe, 2001). These accessory apartments were built and attached to a single family home, usually owned by a child or relative. In fact, a study presented the age distribution of owners of accessory apartments as 40 to 49 years of age and that of tenants as 80 to 89 years of age (Chapman & Howe, 2001). Although they have been a viable option for some families, many cities are reluctant to accept accessory apartments because of opposition from neighbourhood residents concerned about the impact on housing value, traffic, and parking.

In the mid 1980s, senior-designated apartment buildings began to attract an increasing number of older adults wanting to maintain their independence (Folts & Muir, 2002). For older adults, these apartment buildings for adults over 55 years of age are an attractive housing alternative when maintaining the family home becomes increasingly problematic. In addition to promoting older adults' independent living, these buildings have incorporated into their design services to address seniors' day-to-day needs. Typical services for tenants included such things as organized activities in common areas, opportunity for dining in a central cafeteria, and the convenience of an in-house hair salon and grocery store (Dupuis-Blanchard, 2004). Some senior-designated apartment buildings also provided the occasional visit of a community health nurse for health monitoring and illness prevention care (Cutchin, Owen, & Chang, 2003).

In contrast to assisted living facilities, which provided housing, meals, personal assistance, and medication reminders to its residents (Becker et al., 2002), research on senior-congregated housing has been limited. Although they are believed to be beneficial because they create opportunities to receive support and accessibility to social networks, research into congregated housing for seniors is underrepresented in the study of older adults (Thompson & Krause, 1998).

The Process of Relocating

The current cohort of older adults grew up with specific gender roles associated with the home (Shenk, Kuwahara, & Zablotsky, 2004). Women, more often than men, were full-time homemakers and expected to take care of the home.

For that reason, their identities are partly tied to the family home. It was therefore not surprising that these women were attached to their home (Shenk et al., 2004).

On average, older adults have been living in their current homes for 30 years (Oswald, Wahl, Mollenkopf, & Schilling, 2003). Housing tenure is important for well-being and general life satisfaction. In fact, of 1,504 seniors interviewed in one study, 85% preferred to stay in their homes and never move (Wagnild, 2001). The familiarity, comfort, and benefits of remaining in a familiar neighbourhood and community were reasons for not wanting to relocate (Antonucci & Akiyama, 1987). Although wanting to remain in their homes, however, 47% of seniors taking part in another study reported that they did not know any barriers to aging in place, and the majority had not made plans to facilitate their intent of staying in their home (Wagnild, 2001). With these findings, it is no surprise that seniors find themselves obliged to relocate under crisis.

In the United States, 21% of seniors relocated during any given 5-year period. Older adults have cited poor health (Koenig & Cunningham, 2001), the demands of the home (Dupuis-Blanchard, 2004; Young, 1998), lack of transportation (Young, 1998), and widowhood (Dupuis-Blanchard, 2004) as some of the reasons for relocating. Relocation can be very stressful and potentially harmful to older adults, particularly when preceded by another transition, such as the loss of ability to care for oneself or the death of a spouse (Armer, 1993; Cotter, Meyer, & Roberts, 1998). A number of older adults who do decide to relocate choose senior-congregated housing.

Relocation studies whether from a quantitative or a qualitative research perspective, have concentrated primarily on relocation to a nursing home. Most of

these studies have focused on the outcome of relocation (Nay, 1995). Young (1998), in a qualitative study, explained the phases of relocating to congregate housing as deciding to move, preparing for the move, making the move, and settling in. Seniors reported that the most challenging factors were the other residents, the physical characteristics of the apartments, and the regimentation of the community (Young, 1998). More important, most seniors viewed the move as a positive situational adjustment, but those who did not share this view remained socially isolated or moved out.

Similarly, in an earlier study (Dupuis-Blanchard, 2004), I described the process used by older women, in response to the problem of reestablishing self, as building a new nest. Building a new nest was a nonlinear process that included three phases: parting with a meaningful past, shaping a desired future, and settling into an altered present. Each of these phases was influenced by conditions such as personal attributes, the availability of informal support, and features of the living environment. The results of this study suggested that women with certain characteristics and undergoing relocation should be closely monitored. Specifically, older women who had lived in the family home for extended periods; who had difficulty making new friends and no family in the immediate area; who had a hearing and/or visual impairment, a negative attitude, or a moderate-to-high level of anxiety; and who relocated to a senior-designated apartment building where they had no acquaintances might be expected to be at higher risk for encountering difficulties with the relocation process.

The Impact of Relocating

Attachment to place and the development of socially supportive relationships have been established as prerequisites to successful relocation (Sugihara & Evans, 2000). However, it is important not to make assumptions about the stress of relocating, as individual responses can vary greatly (Kampfe, 2002). Coping strategies used by seniors will influence their adaptation. Seniors who perceived that they had control over their present circumstances had better outcomes than did those who used wishful thinking by believing that things would simply get better on their own (Kampfe, 2002).

Possibly influencing the impact of relocation is the new neighbourhood; in this case, the senior-designated housing facility. Perceived neighbourhood problems viewed by older adults increased stress and had detrimental effects on health (Schieman & Meersman, 2004). Moreover, the congruence of the person and the environment has been reported as determining adjustment to the new surroundings (Carp, 1974). Poor connection between the person and the environment encouraged low social connections and infrequent participation in social activities (Zunzunegui, Alvarado, Del Ser, & Otero, 2003). Culture, nosiness, and gossip were also salient to adjusting to congregated living (Carp, 1985).

As for the physical and psychological outcomes of relocation, Armer (1993), in a descriptive study, found that relocation was often viewed as stressful. Although it is stressful for people of any age, older adults seemed to be particularly affected by change in physical location and changes in daily life routine and social support (Lee, 1999). Furthermore, the loss of home and possessions can cause older adults to

experience feelings of insecurity and loss of control over their lives, to feel cut off from their memories, and perhaps even to lose their sense of identity (Morgan, Reed, & Palmer, 1997).

Much of the research on the impact of relocation has focused primarily on relocation to nursing home settings and overwhelmingly has concluded that admission to a nursing home is a major event in the person's life (Mikhail, 1992). Cotter et al. (1998), Krichbaum et al. (1999), and Lee (1999) reported that relocation to a nursing home produced a range of emotional reactions, including fear and decline in cognitive status and affect.

Gallagher and Walker (1990), in a study on vulnerability of nursing home residents during relocation and renovations presented that not all patients suffer from relocation. If residents are well-prepared for the move and are given a choice, the outcome can be positive. Although relocation has been argued to be a significant life event, not all research on nursing home relocation supports negative outcomes. Danermark, Ekström, and Bodin (1996) concluded that relocation and mortality were not related, whereas Johnson (1996) reported that relocation had a positive correlation with mortality. In a different setting, a quantitative study on death rates following relocation to congregate housing for older adults reported that relocation of this type did not increase the risk of dying (Wittels & Botwinick, 1974).

Summary

Although quite extensive, the literature presents a wide range of theoretical views relevant to the proposed study. I have presented literature on social concepts such as social ties, social networks, community integration, social integration, social

support, and social engagement to clarify their meanings and pertinence to the proposed study. It is evident that past research has focused on different settings, populations, and research methods than those featured in the present ethnographic qualitative study on the process of social engagement in recently relocated older adults living in senior-designated housing.

The literature informs us that social ties and social networks are important for the development of social support of different types and that families are still the primary providers of support. The literature also indicates that senior-designated housing is an attractive option for seniors losing independence but that the process of relocating can be stressful and challenging. The impact of relocating can be detrimental to the health and well-being of seniors who choose to isolate themselves socially and not to construct social relationships. With social engagement described as the first step in creating social connections, the research to date has not adequately addressed the processes and the factors that influence this first step, although there is some evidence that certain factors and conditions negatively influence how a person establishes social connections after relocation. Research exploring how older adults experience and initiate social engagement to achieve integration within their new living arrangements is therefore warranted.

In the present study, I sought to understand the experience of social engagement in older adults who had recently relocated to a senior-designated apartment building. The research questions for this study were What is the meaning of social engagement for newly relocated older adults? What social context and environmental factors (including the residential environment) influence social

engagement? What personal biological, psychological, and social factors influence social engagement? and What is the process of reconstituting social networks following relocation? In the next chapter, I will describe in details how these research questions were answered by the use of an ethnographic approach.

CHAPTER 3

THE RESEARCH METHOD

I used a qualitative, focused ethnographic approach in this study to describe the experience of social engagement in older adults newly relocated to a senior-designated apartment building. Although the focus of this present study was on the experience of social engagement for new residents, inclusion of residents who had lived in the setting over varying lengths of time added richness and depth to the understanding of the transition. Qualitative approaches are useful when little is known about the phenomenon under study (Morse & Field, 1995). Moreover, the aim in ethnography is to learn *about* people by learning *from* them (Roper & Shapira, 2000). The focus was, therefore, to describe experiences within a cultural context (Morse & Field, 1995; Roper & Shapira, 2000). Ethnography is appropriate for the study of groups of people with similar characteristics, such as shared places of residence or social relationships (Roper & Shapira, 2000). Although originating in anthropology, ethnographic methodology is now part of other disciplines interested in cultural research, such as the discipline of nursing (Roper & Shapira, 2000; Tedlock, 2000). In this study, I employed a sociological tradition of ethnography.

When ethnography is used in nursing, the intersection of culture and health or determinants of health is the primary goal. In this ethnographic study, culture represented the language, beliefs, and practices of staff and residents residing in one senior-designated apartment building (Roper & Shapira, 2000). Cultural description and cultural knowledge were gained through various data collection strategies, such as observation, participant-observation, and interviews (Spradley & McCurdy, 1972).

A focused ethnography was appropriate for this study, as it allowed me, a nurse-researcher, to explore and describe social engagement in older adults in the context of the cultural milieu, a senior-designated apartment building. Focused ethnography is suitable when a small group or social unit is the focus of an ethnographic study (Boyle, 1994). Focused ethnographies are time-limited exploratory studies that involve gathering data from multiple sources. This type of ethnography can achieve high-quality results despite the relatively short period of research time (LeCompte & Schensul, 1999). In nursing, focused ethnographies are becoming common as researchers aim to develop nursing knowledge for practice (Muecke, 1994).

The Paradigm

Given the focus of the present study, a constructivist paradigm guided the research method (Guba & Lincoln, 2000; Hammersley & Atkinson, 1995). A constructivist approach, although commonly termed "interpretive" by some authors (LeCompte & Schensul, 1999), assumes that reality is multiple, subjective, and mentally constructed by individuals (Guba & Lincoln, 2000). Within this paradigm, I sought to understand the people's perspective through observation, participant-observation, in-depth interviews, and supplementary sources of information, such as written material (Roper & Shapira, 2000).

The theoretical methodological base for this ethnographic study was symbolic interaction, a theory of human behaviours that focuses on social interaction and the interpretations that people attach to social symbols (Blumer, 1969; Prus, 1996; Rock, 2002). The fundamental premises of symbolic interaction, set forth by Blumer, are

that human beings act toward things based on the meaning that the things have for them, that the meaning of such things arises from social interaction, and that these meanings are handled through an interpretive process. Prus explained that "symbolic interaction may be envisioned as the study of the ways in which people make sense of their life-situations and the ways in which they go about their activities, in conjunction with others, on a day-to-day basis" (p. 10). Individuals create reality through attaching meaning to a situation, and these meanings are expressed by words or things (Rock, 2002). Central to the approach of symbolic interaction is the belief that human life can be understood only in the context in which people live.

Research grounded in symbolic interaction espouses that the social world is a place where little can be taken for granted, a place that is in constant evolution, and where place, objects, and people intertwine to create identity (Rock, 2002). In fact, Prus (1996) explained that people's ability to learn and think is contingent on the acquisition of the community language. It is in the process of acquiring this language and interacting with others that humans begin to develop their minds and make sense of their worlds. Ethnographic research, with a symbolic interaction theoretical base, presumes that useful social and sociological learning is a process and that researchers attach importance to the knowledge of the people on the social scene (Rock, 2002). An underlying assumption is that people "construct their lives purposefully and practically out of the meanings they bestow to what is around them and within an environment constituted by the meanings and purpose of others" (Rock, 2002, p. 31). Because the researcher enters a social world that preexists, the peoples' conception of this world is active in their mind (Rock, 2002).

Because ethnography grounded in symbolic interaction guided me in observing activities and interactions on the social scene and asking questions previously unasked, it was an appropriate method for describing older adults' experiences of social engagement in a senior-designated apartment building. In addition, this method helped me to describe issues and furnish knowledge that might previously have been of little concern for or "taken for granted" by some in the environment (Rock, 2002). Ethnography was, therefore, particularly useful in facilitating my understanding and description of why people in a group do what they do (Hammersley & Atkinson, 1995; Roper & Shapira, 2000).

The Design

Because ethnographers are concerned with preserving the natural setting to understand social behaviour and ways of life (Germain, 1993), the research process is difficult to predict (Hammersley & Atkinson, 1995). For that reason, I needed to plan the research design prefieldwork and make adjustments, as required, while the research progressed (Hammersley & Atkinson, 1995).

The Setting: The Senior-Designated Apartment Building

The building chosen for this study is located in the city of Moncton, New Brunswick, Canada, and was built in 1975. It is managed by an Atlantic co-op, a company that manages other apartment buildings for both families and seniors in the area. The chosen building has 328 units with monthly rental costs averaging $550 per unit. There are 236 one-bedroom apartments, 75 two-bedroom apartments, and 75 active living units. During the fall of 2005, there was a wait list of approximately 5 years, which represents more than 600 names, to get into this specific building. The

building has seven floors, with three elevators, laundry facilities on each floor, social activities organized by an activity coordinator, a common lounge, and a common dining room. There is also public transportation at its doorstep. In 2002, an addition to the apartment complex was built to accommodate semi-independent and dependent seniors. Both buildings are linked by a corridor. I chose this building based on my previous knowledge of its features, specifically the large number of seniors who reside there and the services offered, such as public transportation and social activities, which make this place attractive to older adults.

Gaining Access

I met with the building manager prior to the beginning of the research project to explain the purpose of the study and gained permission for entry into the setting. The building manager was also informed of the beginning of the project and of my presence in the building. It was also important for me to build a relationship of trust with key seniors in the building, such as those who sit on The Manor's[2] Seniors Club and those who volunteer at social functions, to gain full entry and collaboration for the study. I supported the establishment of a collaborative relationship through my frequent presence in the building, especially during key social functions.

Sampling

Ethnographers are typically seeking information about cultural behaviour, cultural artifacts, and cultural speech, and, therefore, require a variety of data sources (Germain, 1993; Roper & Shapira, 2000). Consequently, I sought a variety of participants for the study.

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[2] All names in this document are pseudonyms.

Semistructured interviews with residents who could inform the study were sought through various sampling strategies, such as purposeful sampling and theoretical sampling. Purposeful sampling provided specific information from participants knowledgeable in the area defined by the research question. For example, seeking new tenants was a purposeful sampling strategy. As the study progressed, I employed theoretical sampling, a form of sampling that is influenced by the emerging analysis (Morse & Field, 1995) whereby participants or situations are chosen as needed to inform certain aspects of data analysis. This type of sampling allowed me to seek participants who were likely to have information that filled conceptual gaps (Charmaz, 2000). Such participants included those who seldom took part in social activities in the building and those of different cultural origins.

Inclusion Criteria

Participants included men and women aged 55 years or older who were able to understand and converse in the English language and who resided in the selected senior-designated apartment building. Participants were also able to speak about their experiences with me. In addition to long-time residents, defined as seniors who had resided in the building for more than 24 months, I sought older adults who had relocated recently, that is, in the previous 24 months. Other participants included staff and other professionals who worked with residents or with the agency managing the building and who could inform me about the cultural context and its people. Sample size was not preestablished, and the number of participants included was guided by the emerging understanding of social engagement gained from data analysis (Roper & Shapira, 2000).

In qualitative research, observations and events, as well as people, make up the sample (Sandelowski, 1995). Therefore, events in the building, as well as a selection of documents pertaining to the community that were produced by management, seniors, and/or local media, were included for participant-observation in the study. Documents that described services, the building, and the people were sought. This type of sampling gave me insight into current and/or past events that informed present cultural influences (Hodder, 2000).

Recruitment Strategies

Recruitment was initiated by a variety of strategies, including six posters advertising the study posted on bulletin boards, in the three elevators, and beside the managers' office (Appendix A) in the senior-designated apartment building. Along with the posters, recruitment also included an announcement in the facility's weekly newsletter (Appendix B) distributed to every apartment, distribution of an information letter (Appendix C) about the study to every new tenants' apartment (under the door), and word of mouth from seniors themselves. Word of mouth was the most successful recruitment strategy, followed by posters on bulletin boards and in the elevators, the newsletter, referrals from the activity director, and the information letter to new tenants. I recruited for the focus group discussion, toward the end of the study, by inviting participants who had been interviewed previously to take part in a group discussion (Appendix D). All recruitment strategies were structured to decrease potential participants' feelings of coercion.

Data Collection

The researcher is the most appropriate tool for collecting data in a focused ethnography (LeCompte & Schensul, 1999). Following ethics approval, data were collected through observation, participant-observation, semistructured interviews, a focus group discussion, and document retrieval so as to obtain the richest possible data (Lofland & Lofland, 1995). Seniors were made aware of my presence before observations began through a notice in the facility newsletter (Appendix B) and by six posters placed in public areas (Appendix E).

Observation

A week after notifying the seniors of my presence in the building for observation, I observed the senior-designated apartment building's environment for day-to-day transactions (Fetterman, 1998), followed by the observation of events in the environment. I observed general, everyday activities taking place in the lobby, Rose Hall, the dining room, the management office, the lounges, and public spaces in general to gain an understanding of the various happenings and goings on in the building (Appendix F).

Participant Observation

In a low-key manner, I tried to become part of the subculture being studied (Lofland & Lofland, 1995) by engaging in participant-observation with older adults in the senior-designated apartment building during specific events or activities to identify attributes and behaviours of the culture. I observed and participated in eight organized activities in the span of 2 months: an exercise session, a learn-to-dance session, a desert and card party, a rock-a-thon, a sing-along, a Mary Kay cosmetics

beauty session, a Mother's Day tea, a talent show, and the new tenants' tea. Toward the end of data collection, I also observed and participated in the party for The Manor's 30th anniversary and the opening of the new main lounge. While observing during these activities, I often volunteered to help serve coffee and tea at the various tables, allowing for closer observation of the culture. This strategy also helped seniors and key staff members to familiarize themselves with me, thereby creating a relationship of trust.

Beginning the data collection with the process of observation informed me of the real world of the community's members and their day-to-day routines, as no one from this setting had had previous contact with me. I was a newcomer in the environment, which mirrored the experience of new residents after relocation. Although informal discussions occurred during participant-observation, in-depth exploration was deferred, and the residents were made aware that for the moment, I was doing observation but that in the near future, the opportunity to talk individually with me was possible. I recorded data obtained through observation and participant-observation in field notes. Throughout the study, key seniors and staff members were made aware of my continued presence in the building. Toward the end of data collection, these key informants were advised that I would not be in the setting as often and that I would be continuing my work on the research project.

Document Retrieval

Concurrent with these data collection strategies, relevant documents were retrieved. I obtained 26 documents, including a number of weekly newsletters and monthly activity calendars, the application package for an apartment, the rules and

regulations of the building, an information pamphlet on The Manor, a talent show pamphlet, a list of fees and services for The Villa and The Manor, documents pertaining to the New Brunswick Family and Community Services–Housing Division, information on the Atlantic cooperative, new information pamphlets for The Manor and The Villa, information on a similar building in the city, and a newspaper section on the 30th anniversary of The Manor published in the only English language newspaper in the city.

Interviews

Subsequent to participant-observation, I conducted 20 semistructured ethnographic interviews with 19 residents who met the study criteria and volunteered. Prior to conducting interviews in the chosen building, I tested the research questions for clarity and understanding with one senior woman and one older man. These two seniors lived in a building similar to the one chosen for the study and therefore could inform me about the relevance of the research questions. The interview process began with the necessary discussion and completion of the consent form (Appendix G) and then proceeded to a discussion guided by questions in the interview guide (Appendix F). Guiding questions encouraged participants to discuss, in-depth, their experience of social engagement in the senior-designated apartment building (Roper & Shapira, 2000). As the research study progressed, interviews were also guided by the ongoing data analysis. At the end of the interview, the older adult was asked for demographic information (Appendix F).

In addition, personal social network composition was recorded on an ecomap (Appendix H). The individual was an active participant in completing the ecomap. I

provided a blank ecomap ready to be filled out (Wright & Leahey, 1994, 2000) that was composed of a centre circle, depicting the individual, and outer circles that represented significant people, agencies, or other social contacts. The size of the circles was not important. Lines were then drawn between the individual and the outer circles to indicate the nature and significance of the connection.

Older adults who consented to participate in a semistructured interview were interviewed in their home (apartment unit). I interviewed individually seniors who were married or living with another senior to elicit each senior's experience. Interviews were approximately 90 to 120 minutes in length and were audiotaped and transcribed verbatim for analysis. Because I might not have been aware that more information was needed until analysis was under way, participants were asked if they could be contacted again later, if necessary. One participant, the first interviewee, was interviewed twice.

Subsequent to the observation period, I first purposely sought to interview three newly relocated older adults to get their perspective. Subsequently, I interviewed long-time residents and key informants, such as members of The Manor's Seniors Club, the building manager, the activity coordinator, the community liaison person, and the person responsible for leasing the apartments, concurrently with additional newly relocated residents' to obtain their views and understanding of social engagement in newly relocated seniors. In conducting interviews that went back and forth between newly relocated residents and long-time residents, I gained a better understanding of the experience of social engagement in newly relocated older adults as well as the environmental factors that influence the experience.

Group Interview

Toward the end of data collection, I conducted a group interview involving 8 participants, including both newly relocated and long-time residents. Although a focus group does not permit generalization, it can provide in-depth insight or consensus of opinions on a given topic (Sim, 1998). The group interview focused on confirming the study's findings (Appendix F) and was facilitated by me with the help of another nurse observer, who took notes, observed, and helped in a general way. I sought the focus group participants' written consent (Appendix I) before the beginning of the interview. As well, the interview was audiotaped and transcribed verbatim.

Field Notes

I wrote field notes as soon as possible following an observation or conversation by remembering what I observed and heard (Lofland & Lofland, 1995). They were recorded as close to verbatim as possible with specific and concrete details (Coffey, 1999; Germain, 1993). The use of quotation marks for exact words and apostrophes for paraphrasing was helpful. Contents of field notes included a running description of events, people, things heard and overheard, conversations among people and about people and observation of the physical environment (Lofland & Lofland, 1995). In another notebook, I kept a diary that focused on my reactions, feelings, emotions, and personal thoughts (mental notes) (Germain, 1993; Lofland & Lofland, 1995; Roper & Shapira, 2000). These personal notes later provided responses to questions of personal biases and feelings on the research (Morse & Field, 1995).

Data Analysis

Data analysis occurred concurrently with data collection. Semistructured interviews and group interviews were audio-taped and transcribed verbatim for analysis. Beginning with field notes from observation and participant-observation, and following with retrieved documents and written transcripts of the semistructured interviews, I analyzed each piece of data (Roper & Shapira, 2000). I checked transcripts of the semistructured interviews and group interviews for accuracy and adjusted them for misprint while listening to the taped interviews.

Data were first analyzed using open coding, or first-level coding. I looked at data, including notes from observations and documents, by units, for example, line by line, or by sentence and paragraph, for recurring words or ideas, and assigned an initial label or code representing the meaning of data clusters that related to a common idea or pattern (LeCompte & Schensul, 1999; Morse & Field, 1995). Recognition of significant data was based on my understanding of the data based on my questioning, prior observation in the setting, the participants' stories, and my a priori exposure to the literature (Morse, 1994). Data analysis was facilitated by the use of N6, the sixth version of NUD*IST, a qualitative analysis software (QSR, 2004). For example, the in vivo data statement "We're not close like back and forth all the time" was given part of the theme 'superficial,' which became part of the broader code 'connections.'

With the addition of new data, the process of constant comparison (Morse & Field, 1995) allowed for clusters of data to be examined for similarities and differences and then collected into categories. While categories were still emerging, I

collected more data to build, increase the density of, and saturate the categories. I then compared the categories with each other, grouped similar themes that explained behaviours and beliefs into larger categories, and identified linkages among them (LeCompte & Schensul, 1999; Roper & Shapira, 2000). The participants' views and my interpretations became an abstract network of concepts that connected to answer the research questions (Roper & Shapira, 2000). This sifting process (Morse, 1994) left only common and important features of data. I did this through my questioning of the data and by using theoretical sampling to verify hunches. I documented the identified concepts, patterns, and themes in an audit trail while referring to the context of the senior-designated apartment building. For example, when one senior said, "We take care of one another," I documented that this was the meaning of social engagement for this particular person. Consequently, I labelled the in vivo data under the theme 'supportive' as part of the code 'connections.' As well, I wrote memos throughout data analysis to capture ideas and document recurring themes noted in the data (Morse & Field, 1995; Roper & Shapira, 2000).

Negative cases or outlying items, those that did not fit with the other data, were not discarded; rather, they informed the data and guided me to ask additional questions. These negative cases indicated variation in the experience under study (Morse, 1994). I sought negative cases that could disconfirm or challenge my understanding of the phenomena or introduce new connections that I had missed previously (Ryan & Bernard, 2000). Negative cases included a socially isolated senior and an older adult with a different cultural background from that of most residents. I explored the hypothesis that seniors who did not take part in social

activities or those of different ethnic background might have different experiences of social engagement. I redefined my explanation of the process of engagement to either include or exclude a negative case. This process continued until a universal explanation for all known cases was attained.

In summary, data analysis was both a process and procedure of comparison, of asking questions as I sorted out the data, and of formulating meaning. It was a nonlinear process in which I moved back and forth between coding, memoing, sorting for patterns, generalizing, and simultaneously gathering more data (Roper & Shapira, 2000).

Rigour

The issue of establishing quality in qualitative studies is presently a prominent discourse for researchers (Morse, Barrett, Mayan, Olsen & Spiers, 2002; Rolfe, 2006; Seale, 1999; Tobin & Begley, 2004). Moreover, the difficulty lies with the attempt to use criteria, similar to quantitative methods, to evaluate qualitative research. Researchers (Morse, Barrett, et al., 2002; Rolfe, 2006; Tobin & Begley, 2004) agree that establishing criteria to evaluate qualitative research remains elusive because there is no consensus as to what should be considered quality in qualitative work. In addition, some researchers (Morse, Barrett, et al., 2002) dispute qualitative researchers' ways of assuring reliability and validity post hoc to the research process, stating that rigour must be assured throughout the research process.

Specifically, in ethnographic research, "the researcher's account is not tested against the corpus of scientific knowledge; it is tested against the everyday experience of the community of people" (Ellen, 1984, p. 30). This was a major strength of

ethnography in this study, as I was engaged with the community and its members to understand more completely the whole situation (Fetterman, 1998). Although results from ethnographic research are verified with the community, as with other research methods, there was the risk of my not representing the reality of the community accurately. Guidelines for rigour were therefore required to prevent errors in the research process (Morse & Field, 1995).

Despite the discourse about criteria to evaluate qualitative research, past work by Lincoln and Guba (1985) is still considered a useful approach to rigour (Guba & Lincoln, 2005; Koch, 2006; Morse & Field, 1995; Rolfe, 2006; Seale, 1999; Tobin & Begley, 2004). Guba and Lincoln (1994) have added the criterion of authenticity to their original four criteria in an effort to address challenges to the concept of trustworthiness. However, in the absence of further work on evaluating qualitative research, the criteria related to trustworthiness were used in this study.

Trustworthiness

Rigour in qualitative research can be assessed by the criterion of trustworthiness, which includes credibility, transferability, dependability, confirmability (Lincoln & Guba, 1985), and authenticity (Guba & Lincoln, 1994, 2005). I established credibility, which is concerned with the fit between the respondents' views and the researcher's representation (Lincoln & Guba, 1985; Shenton, 2004), by engaging with members of the community over a period of 9 months and verifying the emerging themes and understanding with subsequent interviews. I first tested the interview questions with two older adults, one female and one male, who were similar to those who would be included in the study, to test the

questions for comprehension and fit. I reported the perspectives of the informants as clearly as possible (Morse & Field, 1995). Member check, or member validation, is also a technique that I used to establish the validity of my interpretation of the data (Sandelowski, 1993). Findings were verified through persistent observation, subsequent interviews, and negative case analysis, and with a focus group toward the end of data collection and analysis. Peer debriefing, that is, discussing research findings with disinterested peers to help clarify the analysis, was also done (Lincoln & Guba, 1985) and involved my dissertation committee and nursing colleagues.

Transferability refers to the transfer of the findings to other settings or groups and is thus related to sampling and design issues (Lincoln & Guba, 1985). To enable transferability, I have provided enough contextual information about the fieldwork site to allow the reader to make the transfer. To enhance this process, I have provided a full description of the data collection methods employed, along with a description of the boundaries of the study, the number of participants, the length of data collection sessions, and the time period of the study.

The criterion of dependability ensured that the process of research was logical, traceable, and clearly documented (Lincoln & Guba, 1985). I established this by describing in full the research design and how it was applied, along with an audit trail that documented my decisions, choices, and insight. My reviewing the analysis process with my dissertation supervisors and nursing colleagues also helped ensure dependability. The audit trail was helpful for tracking the emerging design and authenticating the research process (Koch, 2006; Lincoln & Guba, 1985; Morse, 1994; Morse & Field, 1995; Morse & Richards, 2002). Reflexivity, my self-critical

account, was central to dependability and was accounted for in the audit trail, in memoing, and in my diary.

Confirmability ensures that the interpretations of findings are not figments of the researcher's imagination but are, in fact, derived from the data. By using multiple data collection strategies and by providing a detailed methodological description in the audit trail, I established confirmability in my study.

The fifth criterion, authenticity, is concerned with depicting the range of personal stories (called fairness) as well as creating an awareness of the phenomenon (educative authenticity). By integrating quotes and perspectives from different participants throughout the analysis, I established fairness. In addition, the focus group, as well as discussions with key staff members, raised awareness about the experience of engaging socially in a new milieu.

Ethics

Following approval from the University of Alberta Health Research Ethics Board, I met again with the manager of the senior-designated apartment building to begin the study officially. All phases of the study were conducted in a manner that respects the governing laws of the abovementioned ethics board.

Participants who agreed to individual, semistructured interviews called me or received a telephone call from me to reconfirm their interest to participate and to schedule a time and place for the interview. To address the potential for social desirability, the potential participant was informed that the decision to participate would in no way influence services received at the senior-designated apartment building. At the beginning of the interview, the participant was asked to read the

consent form and to sign the form once questions had been answered. I also reviewed the consent form with each participant, and all participants received a copy of the signed document. The document contained the contact information for me and for the research office at the Faculty of Nursing at the University of Alberta, as well as for the Dean of the School of Nursing at the local Université de Moncton. I verbally reconfirmed consent in subsequent meetings.

During the interviews, participants were asked to speak about their experiences as described previously in the data collection section of this chapter. Participants were told that they could refuse to answer any question and that they could terminate the interview at any time without any explanation or any harm. Interviews lasted approximately 90 minutes. During interviews lasting more than 90 minutes, I ensured that the participant consented to continuing and that he or she was comfortable and not tired. The choice of rescheduling the second part of the interview was also given to the participant at this time.

The consent form was the only place where participants' names were listed, and all consent forms were stored in a locked cabinet separate from the demographic sheets, transcripts, and tape-recorded interviews. Only the identifying code was on the audiotape, and not the person's name, thereby ensuring that no one was made aware of the participants' names. As well, no names or identifying characteristics were included in the transcripts.

CHAPTER 4

FINDINGS

The purpose of this focused ethnographic study was to develop an understanding of the experience of social engagement for new residents of a senior-designated apartment building. In this chapter, findings are presented to the four research questions: What is the meaning of social engagement for newly relocated older adults? What social context and environmental factors influence social engagement? What personal biological, psychological and social factors influence social engagement? and What is the process of reconstituting social networks following relocation? A model of social engagement will also be presented and will form the central organizing framework in presentation of the findings. The findings were derived from data generated through time spent in the setting, participant-observation, retrieval of documents, interviews with older adults and other key informants, and a focus group discussion.

Sample Characteristics

A variety of newly relocated residents, key informants who were long-time residents who could contribute information to the study and/or who could relate to the history of the group, and other individuals who interacted with the group were interviewed. Staff interviewed included the activity coordinator, the community liaison person, the building manager, and five administrative assistants. All staff members were female except for the manager. Most staff members interviewed were in their mid-thirties with the exception of the community liaison person and the building manager who were both in their 50's. All staff members had a college or

university education. In addition, observation of activities and events such as the exercise group, the card party, Mother's Day tea, and the new tenants' tea, were included in the data base for the study (Morse & Field, 1995; Roper & Shapira, 2000).

As presented earlier, I conducted 20 individual interviews with 19 participants (see Table 4.1). The average age of study participants was 79 years, most participants were female (n =15:4) and most were Caucasian. The majority of older adults in this study were living alone. Four study participants had completed a high school education, and 4 had not, whereas 8 had a college education (secretary, business, and hairstylist). When asked to rate their health, 10 answered "good," 6 reported "very good," 2 said "poor," and only 1 answered that he/she was in "excellent" health. Older study participants had between zero and 9 children, with an average of only 1.4 living in the area in which the study took place. Also of interest was study participants' range of 1 month to 50 years of living in the same home prior to moving to The Manor.

Toward the end of the study, I invited 13 study participants to take part in the focus group. In response to these invitations, 8 seniors attended the group discussion. Seven of the focus group participants had been interviewed by me previously, and 1 participant came at the invitation of another participant but was not interviewed individually. All focus group participants were female.

Table 4.1

Study Participants' Demographic Data

Participants*	Age	Sex	Marital Status	Months in Building
Alice†	80	Female	Separated	1.5
Barbara†	82	Female	Widow	48
Charles	88	Male	Married	2
Claire	84	Female	Married	2
Debbie	81	Female	Widow	6
Gail	87	Female	Widow	36
Helen	67	Female	Married	48
Paul	87	Male	Married	264
Irene	64	Female	Widow	132
Juliette	77	Female	Widow	132
Kristine†	80	Female	Separated	18
James	82	Male	Married	216
Lucy†	80	Female	Separated	192
Maria†	91	Female	Widow	120
Nancy†	74	Female	Single	3
Norma†	--	Female	Widow	3
Margaret	72	Female	Separated	12
Susan	84	Female	Widow	3
Vincent	85	Male	Married	1.25
Sylvia†	85	Female	Widow	108

**Note.* Names are fictive.
†*Note.* Focus group participant.

Social Engagement

In this section, I present an overview of the findings followed by a detailed description of the social engagement model. The process of social engagement is also presented, along with the outcome of the process.

Overview of the Social Engagement Model

From my understanding of the literature and based on the data analysis, social engagement is defined as a psychological thought process and a conscious behaviour that shapes all forms of social relationships and by which social ties and social networks are derived. This includes both relationships that are a source of social support and those that are less supportive.

Seniors' vulnerability to age-related difficulties motivated their move to a senior-designated apartment building. Following relocation, this vulnerability promoted the establishment of social ties and, consequently, social networks. In this study, the majority of seniors who relocated to the senior-designated apartment building managed to feel satisfied with their newly developed social ties. The model of social engagement (Figure 4.1), established within the context of the community-at-large, the environmental and social contexts of The Manor, and personal biopsychosocial factors, explains that seniors who feel vulnerable are likely to decide to relocate and seek connections to address goals, such as the need for feelings of security, casual interaction, support, and/or friendship. In seeking connections to fulfill these interaction goals, seniors engage in a process of social engagement that is influenced by the factors of 'taking time' and 'being careful,' which include the phases of receptiveness to and involvement with potential social connections. The outcome of the process of social engagement is a degree of satisfaction with the newly developed social ties. In the following sections, the components of the model of social engagement in newly relocated older adults are introduced and explained.

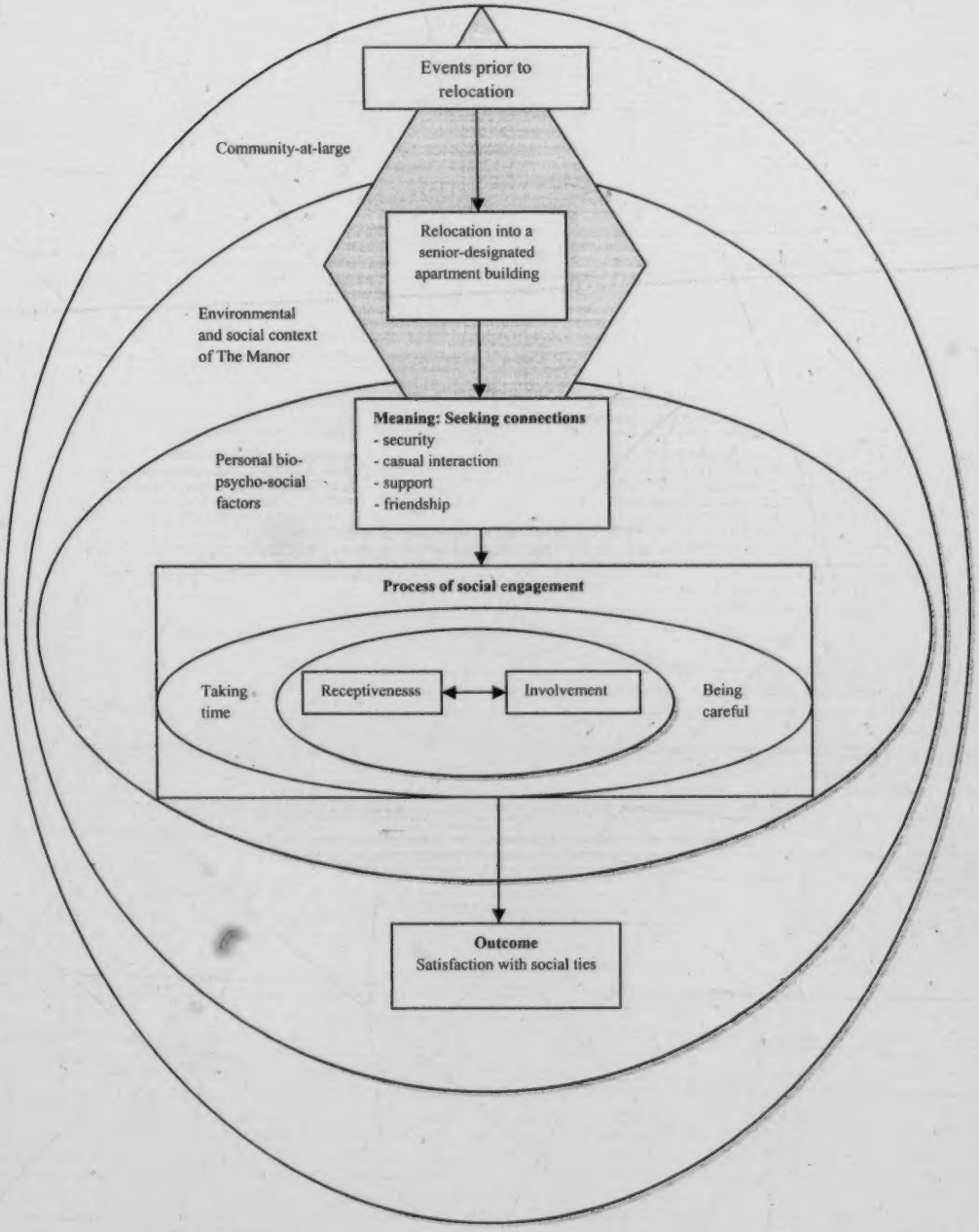

Figure 4.1. Social Engagement Model

The Context: Community at Large

In this section, I will introduce the external factors influencing older adults' lives and the environment in which they reside. As a result of various data collection strategies, such as interviews, documents, and observation/participant observation, I am able to present a description of the provincial housing programs, along with a portrait of the community of Moncton, New Brunswick, where the study took place. Seniors housing in the chosen geographical area is also introduced.

Provincial Housing Programs

A discussion with a manager from the provincial housing program revealed that the housing program in the province of New Brunswick is offered by the Department of Family and Community Services (FCS). Although the Department's head office is located in the provincial capital of Fredericton, regional offices have been established in every major city or municipal town in the province. For example, FCS has an office in the city of Moncton, with three sub-offices in rural surroundings. The Department of FCS offers a variety of public health and community services and employs nurses, social workers, psychologists, and environmental inspectors, to name just a few. The goal of the housing program is to assist households in need of affordable, adequate, and suitable housing.

People who do not require financial help for housing apply directly to the facility of their choice. Older adults seeking assistance with suitable housing have three options in the province. These three assistance program include a public housing program, a rent supplement program, and a nonprofit housing program. The Department of FCS is the central intake for these programs as they receive and

process all applications. Eligibility depends on the assessment of need. The person applying for assistance does not apply within a specific program; the assessing manager decides which program the person qualifies for. The public housing program provides help to clients living in publicly owned rental dwellings who can no longer pay their monthly rental fee. Tenants who qualify will have their rent reduced to 30% of their gross income, with the balance paid by the province to the landlord. A rental supplement program is available when the province and a landlord sign an agreement for a designated number of units to be subsidized within a building. The province selects tenants based on the wait lists; tenants pay 30% of their gross income in monthly rental fees, and the province pays the rest to the landlord. These units are scattered within buildings, so that no one can identify the units that are subsidized. Under the other program, a nonprofit housing program, the province provides a subsidy to nonprofit groups based on the number of units in the building. Tenants qualify for assistance directly through the nonprofit group rather than negotiating provincial regulations or wait lists.

The building in the present study is a privately owned facility managed by a co-operative which reinvest profits in the building. This building has both types of tenants: those requiring FCS assistance and those who are independently funded. In addition, 150 units (currently being reduced to 75 units) are designated for the rent supplement program and are subsidized for low-income seniors.

The process of applying to one of these programs begins with a telephone inquiry to FCS. For the Moncton area, one of four managers will evaluate the needs of the person calling and assess the priority of these needs based on current living

conditions, income, number of people in the household, and any medical problems creating difficulties in the context of housing (e.g., mobility). For older adults, the criterion of independence is also a determining factor. If the senior can no longer live independently, the caller is referred to the division of Long-Term Care, where an in-person assessment is required. The entire application process is completed by telephone. Once the person has provided all of the requested information, the manager assesses the urgency of need, and the person is put on a wait list. It can take as long as a few months to many years for an applicant to receive assistance. Clients are urged to call every 6 months to a year to update their file and signal any changes in their living arrangements. The wait lists are set up by region, and a person's name can be on only one list. For example, even if a person would like to stay in an urban centre but surrounding rural areas would also be acceptable, that person must decide on only one community.

For seniors applying for housing assistance, assessments are also based on the formula that no more than 30% of one's gross income should be spent on housing. Single seniors having an annual gross income of less than $19,000 automatically qualify for rent subsidy. There are currently approximately 400 subsidized rental units in the city of Moncton and an estimated 200 units in rural areas spanning 50 kilometres from Moncton.

A recent agreement between the province and the Canadian government, called the Affordable Housing Agreement, provides affordable housing (< 30% of gross income) for low- and moderate-income households through new constructions. Through this agreement, private developers are funded to provide affordable housing

for a period of at least 10 years. The province will also provide rent supplement to qualifying households who occupy this type of housing. The long-term goal of this agreement is to create more housing options that are affordable in suitable environments. Two projects under this agreement have recently been announced for seniors' housing in the area where the study took place.

Community Profile

Moncton is the second largest city in the province of New Brunswick, and its metropolitan area includes the neighbouring cities of Riverview and Dieppe. With a population close to 120,000 people (Statistics Canada, 2005), the city is one of the fastest-growing urban areas in the province. To this day, it is known as the "Hub City" of the Maritimes, partly because of its historical roots as the railway hub for the Maritime Provinces.

Through analysis of documents and discussions with key people, it is known that the original inhabitants of the area were the aboriginal Mi'kmaq group. French Acadians also settled in the area before the 1755 deportation. Because the Petitcodiac River spans most of the city line, shipbuilding was at the centre of the developing economy during the mid 1800s. With the invention of steam-powered boats, the shipbuilding industry in Moncton collapsed. The economic depression did not last long, however, as the Intercolonial Railway of Canada established its headquarters in Moncton around 1870. For the next 100 years or so, the railway was a major part of the city of Moncton. Meanwhile, the Université de Moncton was established in 1963, and this, along with the election of Premier Louis J. Robichaud, who supported equal rights and municipal services in French and English, fuelled an Acadian renaissance.

Bilingualism is now a major strength of the community. The closing of the Canadian National Railways (CNR) locomotive shops in the late 1980s created an economic stress, which was alleviated by the ability of the bilingual work force to attract jobs in the information technology field. Other major employers in the city are the health care and educational sectors, prominent corporations, and a burgeoning high-tech sector.

Moncton's cultural characteristic sets the city apart from other Maritime cities. Almost half of all residents are bilingual, speaking English and French quite easily and spontaneously. The majority (97%) of Monctonians are White (Statistics Canada, 2005). This homogeneity is slowly decreasing, however. Moncton also has many venues for cultural activities, including theatres, festivals, arenas, sporting events, and parks.

With respect to demographics, in 2001, 15,600 people in Moncton were over the age of 65 years. Specifically, 7,870 people were between the ages of 65 and 74 years; 5,880 are between the ages of 75 and 84; and 1,885 were over the age of 85. According to the 2001 Census (Statistics Canada, 2005), 1,620 adults between the ages of 65 and 74 years and 2,750 over the age of 75 years were living in nonfamily dwellings in the city of Moncton. The average gross monthly payment for rent was $562, compared to the provincial average of $507. It is interesting to note that close to 38,000 people relocated within the province of New Brunswick between 1996 and 2001. As for education, no statistics are available for the population aged over 65 years, but residents of Moncton aged between 45 and 64 years are similar to the national average with respect to education. For example, Moncton has a slightly

above average population with a trade school diploma or college certificate compared to the national average but a slightly lower population with a university degree compared to the national average (Statistics Canada, 2005).

Seniors' Housing

Senior-designated apartment buildings in the city of Moncton are (a) privately owned, (b) privately owned with an agreement with FCS, or (c) completely owned and operated by FCS. Seniors living in privately owned units must have the financial means to pay for housing. However, as seen previously, seniors who cannot afford appropriate housing can be assessed by FCS and may qualify for a rental subsidy. Two buildings in the city of Moncton have a number of designated units that are subsidized by FCS. One building offers a private subsidy plan, which denotes the reduction of rental cost by the manager for certain seniors in need of financial aid and not receiving a provincial subsidy. The manager of this facility is able to offer this option through the Non-Profit Housing Program. In addition to these various buildings, the department of FCS own and operate one building that is completely subsidized in the city.

Moncton's apartment buildings that are specifically for seniors have between 20 and 328 units ranging from bachelor to three-bedroom suites. Rental costs seem to vary from $500 up to $800/month or more for a three-bedroom suite in a newly constructed building. Some facilities include electricity and cable costs within the rental charge. Apartments in these facilities are considered independent living units, and all include a kitchen, living area, washroom, and bedroom(s). All buildings considered senior designated have common areas for activities and laundry facilities

in each apartment or on each floor. Pets are usually not accepted (Dupuis-Blanchard, 2000).

Key informants explain that the wait to relocate to senior-designated apartment buildings varies from no wait list to 5 years. For those buildings with an FCS subsidy, there are two wait lists. One is managed by FCS for seniors needing financial assistance, and the other list is kept by the building manager for nonsubsidized units. Factors influencing wait time include the type of apartment desired and individual flexibility in availability.

In no building is there an established and formal system for "checking" on tenants. Instead, residents form an informal check system, whereby they report any concerns to the building manager. Managers will meet and discuss any issues arising with family members of seniors who show signs of dementia or loss of independence to resolve the issue (Dupuis-Blanchard, 2000).

Presently, there is no coordinated list or central organization that oversees housing for seniors in designated apartment buildings. However, it is quite evident from the number of new construction plans and expansions to existing buildings that the number of apartment buildings specifically designed to cater to older adults is growing exponentially in the greater Moncton area. Almost all senior-designated apartment buildings have communal areas for socialization, but only two offer a common dining room, a chapel, and a hairstylist. Furthermore, only one building has an activity coordinator working with seniors to develop and plan social activities. In the next section, I will describe the context in which this study took place.

Environmental and Social Factors

In the following section the environmental factors and social context in the housing facility in which the study was done are presented. These factors include the setting for the chosen building and the inside character of the building and its tenants, as well as the social context.

Environmental Factors: The Manor

With gold lettering on a burgundy backdrop, "A great place to call home" adorns the roadside sign welcoming seniors and the community to The Manor,[3] a senior-designated apartment building in Moncton, New Brunswick, where this study was undertaken. The building is located in the city's west end, out of the downtown core and across from one of Moncton's nature parks. The building is on the fringe of a residential area and an industrial park. Both areas are separated by a highway that crosses the city and brings motorists to the suburbs of Moncton. Trees envelop the dominating seven-storey red brick building and its adjacent new two-storey addition, The Villa. The tenants' and visitors' parking spaces separate the building from the four-lane boulevard on which The Manor is located. Within a 1 km radius of the building are two public schools, a park with nature trails and outdoor skating oval, a number of churches, a fire station, and retail options. Immediately across and behind the building are two residential subdivisions, which provide single detached housing to moderate- and high-income families.

The Manor opened in 1975 under the management of an Atlantic cooperative. A cooperative is an association of people who voluntarily gather together to provide themselves with business, products, and services at a minimal cost in a not-for-profit

[3] All names in this document are pseudonyms.

approach. The cooperative is managed by a board of directors composed of 10 directors from New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland. The board meets monthly to make decisions about ongoing and new projects. The manager of The Manor reports directly to the vice president of real estate, who then reports to the chief executive officer (CEO), who, in turn, reports to the board of directors. It is worth noting that the building manager explains that 99% of the decisions pertaining to The Manor are made by him and not by the cooperative.

When The Manor first opened in 1975, it comprised only one phase of the present building. In the 1980s, a second phase was added to provide more units for the increasing demand, and 4 years ago, The Villa, an assisted-living facility, was developed. The addition of The Villa has meant a considerable increase in the number of staff required for daily operations because of the increase in services offered. Before the opening of The Villa, approximately 15 people were on staff, compared to present number, which exceeds 100. This can be explained by the fact that The Manor is simply an apartment building with a few administrative and maintenance staff. With the addition of The Villa, more staff members, such as secretaries, coordinators, kitchen staff, laundry personnel, and caregivers, were hired.

The Manor comprises 328 apartment units, with 150 subsidized by the department of FCS. Presently, those 150 subsidized units are being reduced in number to 75, and the remaining 75 units are being renovated into apartments containing a kitchenette rather than a full kitchen. The manager of The Manor initiated the reduction in the number of subsidized units to answer the demands of seniors and their families for more flexibility in their housing options. For example,

tenants in these renovated units make use of the dining room at an extra cost instead of cooking their own meals. Other services can also be added, such as laundry and housekeeping. All of the renovated units are one-bedroom or bachelor suites.

With the recent arrival of The Villa, management decided to review what they had to offer the older adult population in the Moncton area. The Manor and The Villa now offer four options to those seniors wanting to relocate to this facility. First, older adults can simply choose a regular apartment unit with a complete kitchen, living room, bedroom(s), and private bath for an average monthly rental cost of $550, depending on features such as balcony, corner suite, number of bedrooms, and floor location. The rental schedule of these apartments includes heat, lights, hot water, and cable television hook-up. Second, the Full Service units, which are available at The Villa and The Manor, consist of new units that include appliances (microwave and mini-bar fridge), heat, lights, air conditioning, cable, daily newspaper, three meals per day at the dining room, in-house Lifeline 24-hour emergency response from nursing staff at The Villa, weekly housekeeping, weekly laundry service, transportation to local medical appointments, and medication dispensing, all for $2,010 to $3,190 per month at The Villa and from $1,600 to $2,400 in The Manor. Some services can be changed or removed, affecting the monthly charge. The third option, the Active Adult, is available only at The Manor in the renovated suites and includes heat, lights, air conditioning, cable, daily newspaper, weekly housekeeping, in-house Lifeline, and one meal a day at the dining room. Fees for this second option range from $1,300 to $2,000 per month. The last alternative is the Assisted Living option, which offers 24-

hour care in The Villa. Seniors are provided a private room with a private washroom. Fees begin at $2,630 per month depending on the level of care required.

Inside The Manor

In this section, I describe the environmental and social context of The Manor. Specifically I describe the character of this setting, including the physical features, the people, and the activities.

Physical Features

Visitors must enter The Manor through the main lobby, which has an intercom security system with cameras for controlled visitor access. The main entrance is located at the front of the building off the parking lots. The names of all the tenants, along with their apartment number and special dialling code, are listed on a board beside a telephone. Visitors must dial the special code listed besides the name of the tenant and speak to the tenant to get inside.

Inside the building, the main lobby features a credit union; a pharmacy called the Medicine Shoppe, which is owned and operated by an Atlantic co-op; a convenience store, the Rite Stop, which is also owned and operated by an Atlantic co-op; tenants' mailboxes; public restrooms; and a community volunteer Royal Canadian Mounted Police (RCMP) office. Both the convenience store and the credit union are accessible to the public through outside entrances. The convenience store offers a variety of food and services, such as meals-to-go, dry cleaning services, postage stamps, and weekly discounts for seniors. The pharmacy has a pharmacist on staff for filling prescriptions and giving health advice. The pharmacy also displays and sells a variety of vitamins, walking aids, and over-the-counter medicines. The pharmacy

opened on March 1, 2005, and 2 months after opening in the building, 90 seniors had transferred their medication files to the Medicine Shoppe.

The main lobby also offers access to management offices and to corridors and elevators leading to tenants' apartments. Another feature of the main lobby area is the bulletin boards. These boards are filled with information pertaining to activities inside and outside the building. For example, notices for activities, meetings, church services, store and pharmacy specials, and organized trips, along with community festivals and meals available for delivery, are posted on the boards. The information on the boards is reviewed and cleared weekly by the assistant activity coordinator.

With the tenants' mailboxes and many services located in the main lobby, there is a lot of traffic in this area of the building. Observation of the general setting reveals that conversations are brief, most lasting only a few seconds to a few minutes and involving discussions of the weather or specific topics, such as the transit strike at the moment of observation. The tenants' main lounge used to occupy the space where the pharmacy is now located, and as a result, there is presently no place to sit and chat in the main lobby. Some seniors, especially men, sit uncomfortably on the 15 centimetres brick ledge against the wall where the mailboxes are located and look through the doors of the lobby onto the parking lot and the street. There are four chairs for those waiting for public transit enclosed in a porch beside the main entrance.

The west side of the lobby takes in the first phase of the building. It has an elevator and management offices. These offices are accessible both from inside and from outside the building. There is a secretary seated near the entry into the office

who greets visitors and helps them with their queries. Also taking place on the main floor in this section of the building are renovations to an apartment unit, which is being transformed into a new lounge for the residents. The new lounge is located off the main lobby, behind the wall that houses the mailboxes, and has a view of the back of the building. Although this new lounge did not open until November 2005, there was skepticism on the part of seniors as early as in the spring and summer of 2005 about the location of the lounge and the mourning of the loss of the old one, with its nice view of the main lobby.

To the east side of the lobby is a corridor leading to a second and third elevator in Phase 2 of the building, The Villa, the dining room, the chapel, and the units on the main floor. It is a significant distance from one end of the building to the other. The floor in the main lobby and in front of the elevators is covered with ceramic tiles, whereas the corridor floors are all carpeted. Handrails lead the way in the corridors, which are well lit. On some floors, the smell of fresh paint and carpet are noticeable. Although smoking is permitted only in individual apartments, smoke can sometimes be smelled in the corridor. During mealtimes, the smell of food greets passersby.

On every floor, most, if not all, apartment doors are decorated and personalized with such things as wreaths; welcome signs; themed decorations, for example Halloween or Christmas; hard of hearing awareness logos; oxygen in use signs; or in/out plastic canvas signs. As well, some residents have posted their names on their apartment doors just under the security viewing hole.

Still on the first floor of the building, the dining room is located in the new Villa phase. It is evident when walking in the corridor toward the dining room that this is a new section of the building; the carpet is replaced by wood flooring, and the décor is just plain lovely. The beige, light rose, and burgundy colour scheme has an inviting effect. Just before the entrance to the dining room area are a sofa and three wingback chairs, where people can sit. This space also includes a single cage with two birds that provide entertainment to onlookers. There is also a reception area in this location, which houses the offices of the building manager, the activity director, the maintenance coordinator, and the community liaison person. Also in this area is a dining room table capable of seating 10 to 12 people, which seniors and their families can reserve for family occasions. The table is set in a private space with a three-quarter wall giving some privacy.

Just inside the entrance to the dining room, there is a board announcing the daily meal offerings. Square tables with between two and eight place settings greet diners (Figure 4.2). All tables are covered with white linen, which is overlain by a burgundy tablecloth, and have white fabric napkins. The chairs are padded in burgundy upholstery. Windows in the dining room are decorated to simulate a garden-themed room; painted wood-looking shutters along with a white picket fence and painted flowers adorn the walls surrounding and connecting the windows. An industrial kitchen is located at the north side of the dining room, and staff enters and exits from the kitchen while serving patrons. The dining room takes up most of the main floor space of The Villa. The other space is taken up by the Assisted Living tenants and the chapel, which is spacious and tranquil.

Figure 4.2: Dining room at The Villa.

From the dining room, using the elevator or stairs to go down one floor will bring seniors to the space called Rose Hall, where most social activities take place. Rose Hall is accessible to residents by use of a few steps or a ramp. The hall can accommodate up to 150 people when entertainments such as musicians or parties are offered. Square tables with four chairs adorn the room. On one side of the hall is a full-use kitchen with an industrial-sized refrigerator, a stove, coffee makers, utensils, and paper plates and cups. The front of the hall has a piano and a sound system with a microphone. In a corner in the back is a water cooler. Also close to Rose Hall are public restrooms, the assisted living staff lunch room, and an activity room. The activity room has two billiard tables, four dartboards, two treadmills, and two stationary bicycles. These rooms are all located on the ground floor of The Villa. Also on the ground floor but in the older section of the building are apartment units, a hairstylist, and a puzzle room. Both men and women use the stylist's services, and there are often a few people sitting trying to put together puzzle pieces. Beside the

back door, between the puzzle room/hairstylist and Rose Hall, is a framed poster of The Manor's values: self-help, self responsibility, democracy, equity, equality, solidarity, honesty, openness, social responsibility, and caring for others. When I asked staff members about these values and the location of the poster, none knew of its existence.

All of the other five floors in the building are very similar in layout. All floors have a lounge at the same location and the same number of apartments. Although a lounge is located on each floor, each one has a different purpose. For example, the second floor lounge is the library, whereas the third-, fourth-, and sixth-floor lounges are used for playing bridge, cribbage, or other card games. The lounge on the fifth floor is used as a quilting room, and the one on the first floor is a meeting room.

Character of the Community

Although the majority of new tenants in the senior-designated apartment building had experienced some of the effects of advanced age before their move to The Manor, most of the participants in this study came face to face with the realities of the aging process soon after relocation. Living in an environment with such age homogeneity, seniors have the challenge of meeting the effects of aging with every encounter outside of their individual apartment unit. Never before had these seniors been so immersed in the certainty of aging. Seniors confronted aging on a daily basis while engaging with others.

Newcomers to a senior-designated apartment building need some time to adjust to the age-related realities in their new community. For some, this adjustment is simply a realization that aging is a very personal phenomenon and that what other

people manifest is not necessarily a reality for all. For others, the confrontation with aging is unexpected and has increased their awareness of their own aging.

Confrontation with aging therefore influences relational experiences, especially when physical signs of ailment are present. For example, Juliette explained her experience of trying to meet other tenants when she first moved in: "I have trouble talking because of medication I took which was too strong for me…and for some reason they decided they didn't like me". Juliette explained that after some time, other seniors began to know her and were more accepting of her. She stated clearly, however, that she had not made friends in the building, even after 11 years.

For Lucy, confrontation with aging was very difficult and personal. She explained that she was just not interested in stepping out of her apartment: "I meet you down the hall, 'hi how are you' you start telling me about your pain here and pain there…well thank you I don't want to know, I'm not interested." Although Lucy had been a long-time tenant in the building, time had not contributed to her desensitization to aging. Although stating that she is uninterested in socializing, Lucy attended the focus group discussion after receiving a written invitation under her apartment door. Lucy did not partake in the discussion and left the group discussion approximately 15 minutes before the end, stating that she was having problems hearing.

For some participants, the confrontation with aging was linked to the outcome of the aging process. Alice, an 80-year-old woman and new tenant at The Manor, shared her first impressions: "Those walkers really bothered me, ah, I thought I'm not getting one of those." Alice went on to say: "Like I said, it was a clear awakening."

She explained that even now, when she gets on the elevator with others, she'll ask them questions to compare their stories with her own. For example, she explained,

> Really, what has really struck me and ah, when I get on the elevator, I always say hi, everybody speaks to each other and they're very friendly and then I say "are you still driving your car" and they'll say "oh no" and then "oh? How old are you," do I dare ask.

Alice went on to say,

> That's the part about [what] getting old or aging is all about. I didn't have time to think about that, I'm strong on living one day at a time and try to enjoy them, but it hit me, really hit me when I came here, and ah, I think I'm coping ok, I'm not depressed about it, I realize it's reality and it's just the way life is…having the rail in the bath tub, even that, at first of course I didn't think I needed it [laugh], you know, you'd be surprised how many times I reach for it.

Irene, a younger senior who had been at The Manor for 11 years, shared,

> It's awfully sad, the sick people, and one goes in the ambulance, the other in a nursing home, or this one died, I've never bought so many cards in my life, it's just, it's nice to buy a happy birthday card but usually it's a sympathy card or a get well card, that's just the way life is when you get up there.

During the focus group discussion, participants confirmed the difficulties of confrontation with old age. One participant, a new tenant, shared,

> I have a cane now, and I never thought, it never bothered me, I was doing fine, but now, I'm not doing so well, and I never thought, I always said "I'm never going to live in those places"…and now I can see me going from my cane and I'm looking at a walker, looking at a wheelchair, it's coming but I don't know when…it's just, you see, when I was in my own apartment, I didn't see that around and now I see it all over everywhere.

One focus group participant answered, "I would rather have a walker before I fall and break a hip," and another participant answered, "but I don't want a walker!"

With the passing of time, new tenants become somewhat desensitized to the signs of the aging process surrounding them. It is important, however, to note that for study participants, the confrontation with aging remained present. The key feature here is that although the aging process was no longer in the foreground, it remains a feature of living in a senior-designated apartment building.

For some participants, it is a confrontation with the personal side of aging. Charles, an 88-year-old man who had been at The Manor for 2 months, explained how friends did not visit him because of the frailties associated with aging: "The trouble is a lot of them [friends] haven't been able to come over yet, I, and it's hard for me to get to those places." Debbie, another new tenant, an 81-year-old woman, shared,

> my sister told my cousin in Toronto, well you shouldn't come down, you can't expect aunt [name] to cook for you, and so, you lose contact and you don't feel like writing as many letters and, you just slow down, I guess that's the way it's supposed to be, I don't know, I get frustrated at times…I didn't know it would be like this.

Others shared that the death of others affected them. Barbara shared, "over the years, ah, there's been a lot of people pass away and it leaves a void." She went on by saying, "Her and I, we see each other daily and she is…I don't think she realizes that she's failing and that's sad." Vincent, a male newcomer aged 85, realized his own limitations: "I suppose you can count my friends, that I'm often in contact with, on two hands…I suppose I'm pretty limited now when we stop and think about it, apart from my own family of course." Lucy was eager to share her discontent with her own aging by stating,

> Oh, so little income, ah, I couldn't afford a car when my car broke down, not broke down but it was too old, couldn't afford my car, I have to wait until someone offers to take me somewhere. You have a pain here and a pain there, nothing to kill you, I'm healthy, healthy as a horse, I don't have arthritis, I don't have diabetes, I don't have high cholesterol, I don't have high blood pressure, my blood work was perfect, so as I say, I say I'm going to live for another 20 years, so as I say, that's sort of negative, a very negative part of growing old, it's awful, awful, awful, awful. I hate

> being old, I hate it with a passion, and up until last year, I don't want to say the number…until last year, I didn't think I was old and I turned, and I thought, I'm old, an old prune, and you get uglier and uglier and you forget, I mean there's so many negatives as you grow older.

Lucy had just turned 80 and now thought about herself as old because of her numerical age. For Juliette, aged 77, a health problem that developed with aging had stopped her from doing certain activities. She explained, "I used to take five bus trips a year, one day bus trips and because of the bowel problem I can't anymore." Certain foods gave her problems with her bowels.

For other participants, aging was something they were anticipating. Barbara, an 82-year-old woman, explained, "I'm still able to be independent and I dread the time, I'm afraid that my car will not outlive me, and I, I do really dread the time when I will have to quit driving." Alice said, "I'm not getting any younger and that's the hard part I have to face up too." Still, others were appreciative of what they had: "The lady next door has cancer and she's still, I guess it came back on her arm and so she goes to the hospital every day back and forth. I feel lucky I'm telling you, I feel so lucky."

The Manor Staff

The first people who potential or current tenants and/or the public meet are usually staff members. All staff members are knowledgeable about the features of The Manor. People are greeted in a friendly manner, and most staff members know the tenants by their names. Some staff will give a pat on the back or a light touch on

the arm to seniors they meet in the corridor. At least three administrative assistants ensure the day-to-day operation of the administration office. Other key staff members include a Community & Senior Services liaison person and an activity director, along with an assistant. There are also a number of staff members who maintain the interior and exterior of the building and are overseen by a full-time on-site administrator, who is responsible for the management of the property but also for the well-being and the security of the tenants. The present administrator has been at The Manor for the past 20 years and is very familiar with the staff and tenants.

The position of Community & Senior Services liaison was created in November 2004; her role is to provide the community with information about The Manor and the services they provide. This person meets with all potential tenants who apply for Full Service, Active Adult, or Assisted Living options. She meets with seniors and their families to explain the options available to them, take them on a tour of the facility, and answer any questions. She also works closely with the leasing agent, who is responsible for the regular apartments in The Manor. The Community & Senior Services liaison person also hosts a number of open houses and invites the public through newspaper advertisements to come and explore the options available at The Manor and The Villa. The person presently in this position is also involved with the tenants, especially during social activities in Rose Hall; one can always find her helping out in the kitchen or offering refreshments to seniors.

In October 2001 the position of activity director was created as a result of some influence from The Manor's Seniors Club. Before October 2001, the Seniors Club along, with the tenants' association, was responsible for planning and executing

all social activities. With difficulties recruiting new people to help out and the demand for more social activities, management decided to hire an activity director. The tenants' association was dissolved soon after the arrival of the activity director, but The Manor's Seniors Club is still active.

The person presently doing the job of activity director has a university degree and is dedicated to her job and to the seniors at The Manor. Her role is to organize various activities, conducting some of them but inviting seniors to help out with the decision making and organization of the activities. She also develops an activity calendar and contributes to the weekly newsletter, which is distributed to each apartment.

The Tenants

Most of the tenants at The Manor are female, live alone, and are in their 80s (see Table 4.1). In addition all tenants speak English, although some are bilingual, with French as their second language. Because autonomy is mandatory for living at The Manor, most seem in good physical shape, except for some external symbols of infirmity, such as walking aids and hearing aids. While participating in activities and general observation, I noticed how nicely the tenants dressed; for example, the women wear dresses or nice pants/skirt and blouses with heeled shoes and a purse, makeup on their faces, and nails nicely done. A good number of men wear dress pants with shirts, and many will wear a tie.

Table 4.2

Age Distribution at The Manor

Age	Number of Tenants
55-59	21
60-69	59
70-79	74
80-89	151
90 +	39

Social Context

The social context or culture inside the selected senior-designated apartment building also influences the meaning of social engagement, the factors that influence social engagement, the process of engagement, and the outcome. The social context is created by tenants, staff members, and management, and is maintained through actions and unwritten expectations. Despite the constant change in tenants, the social context, with its values and expectations, does not seem to evolve. This could be a result of the homogeneity of the group. This also means that new tenants have to learn the culture by imitating others around them.

A feature of the social context is the friendliness of tenants and staff. One of my first field notes as a researcher read, "[Secretary] walked me some way to [other secretary's] office and I noticed that she said 'hello' to every senior we met in the hallway and some she patted on the back. Everyone was very friendly." Alice, a new tenant, also noticed the friendliness, saying, "I thought they were very very friendly,

very friendly. And ah, I was impressed, really impressed." The friendliness is definitely a facilitator to creating social relationships.

There is also an underlying assumption that everyone living in The Manor is very content with living there. The majority of study participants verbalized repeatedly how much they like living at The Manor. Juliette simply said, "I just love it here." Kristine added: "I can't imagine anybody not liking it here unless they have a chip on their shoulder."

The social context also features a feeling of comfort, described by some as a big family, because others are nearby to help if needed. For example, a few study participants call one another daily to check on each other as well as after activities to make certain the person made it safely to her apartment. Others simply mention that hearing voices in the corridor or around them make them feel like someone is nearby. For example, Claire said,

> The elevator is right here, but the only time we hear, well when you came in I could hear somebody talking but you can't hear, I thought it would be bothersome, but it isn't, it's kind of nice to be hearing voices you know, you know they are there.

Although tenants of the senior-designated apartment building are all individuals, the homogeneity of the group seems to create certain expectations pertaining to social participation. Although not verbalized during interviews, there is an expectation that every senior should attend social activities such as bingo, card playing, social teas, and other types of parties. Helen clearly demonstrated this expectation when she said, "There's people living in here who have never been out

their door except for a doctors appointment or something like that, you know, they're just not going to have anything to do with no matter what." There is an expectation that seniors will conform to the norm. Juliette gave a good example of individuality when she explained, "that first Halloween, I was the only person dressed up and I asked 'what happened' and they, they, they tell me I'm a good sport and whatever and some of them criticize, I just let it roll off."

The social context of living at The Manor is also influenced by the style of management. Specifically, despite the large number of older adults living in the building, channels through which they can influence decisions are limited. For example, the manager was quoted earlier as stating that he makes 99% of the decisions. Another example is the newcomer's tea, which is more typical of a meeting than a chance for socialization between new and long-time tenants. In addition, the disintegration of the tenants' association with the arrival of the activity director seems to contribute to seniors' having little or no decisional influence. A number of study participants also voiced their concerns about the loss of 75 subsidized apartment units to create more expensive Active Living options. Helen, who has been living at The Manor for 4 years, shared,

> for them [management] to be taking all the apartments they've been taking and that's not at all the way it's suppose to be, there's supposed to be 50 per cent, and everyone that's come available they've changed, in fact, the man across the hall from [name], they gave him three months free rent to move to another apartment so they could have his apartment [for Active Living], and why?

> Because it's more income? This is so wrong…Now people like [name] who requires a subsidized place because she's low income, if she was on the waiting list now, she would never get in here and you can be sure when her apartment becomes available one of these days, it will be renovated [into an Active Living].

Another aspect influencing the social context is the category of unit available for rent and the type of clientele it caters too. For example, units that are being renovated are those that were previously rented to seniors needing financial support, whereas the renovated units cater to more financially independent tenants. There seems to be a tendency toward stratification of tenants based on their financial abilities. This also spills over into different aspects of living at The Manor, such as the style of clothing, which will be discussed later in this chapter.

Clearly, living in a senior-designated apartment building is very different from simply living in a regular apartment building or in one's house. In this study, the social context or culture is unique, because it has gathered a number of people together who have chosen to move to such a building to maintain or regain independence while waiting for years for an apartment unit. The friendliness of tenants and staff, along with the feeling of being part of a big family, are also distinctive. There is also an expectation that most tenants will partake in social activities. As a result of the social context, individuality could be at risk.

Activities at The Manor

Although few conversations take place in corridors and the main lobby, everyone is friendly with each other. Most tenants greet each other, but very few stop

and have a conversation. During activities in Rose Hall, the room is filled with a buzz of conversation; however, most sit with the same people during different activities. Chairs are reserved for certain people, and one must ask permission from those around before sitting in a chosen chair. The men usually sit together unless accompanied by a spouse.

With the publication and distribution of a weekly newsletter and a monthly activity calendar, tenants are easily informed of ongoing activities and events in the building. Recurring activities include hymn sing, exercises, games night, learn to dance, tai chi, bingo, and sing out with the Hub Tones. Other activities are planned monthly and include special entertainment, such as music groups, cloggers (step dancers), Mary Kay cosmetic beauty sessions, a talent show, a card party, a Mother's Day tea, and other events to mark special holidays.

The weekly newsletter includes the week's menu at the dining room, a word puzzle for the week, and announcements about activities, meetings, or special events for the week. It sometimes includes the names of new residents at The Manor and The Villa. The newsletter is distributed every Friday by volunteer seniors. The monthly calendar of activities is distributed the last Friday of the month with the newsletter. These documents are imperative to social life at The Manor.

The chapel also has a calendar detailing the various services for the month. For example, every morning of the week there are daily devotions, Bible study is once a month, Catholic Mass is on Saturday, an interdenominational church service is held on Sunday, and an Anglican service takes place bimonthly. The new lounge on

the main floor and the lounges on the third and sixth floors also have their own calendars specifying the dates and times of card games, cribbage, and bridge games.

A newcomers' tea is organized four times a year in the main floor lounge. The tea begins with the activity director welcoming everyone. Tea, coffee, and cookies are served while the community liaison person distributes envelopes containing coupons for the pharmacy and the convenience store along with small boxes of chocolates. Participants are invited to introduce themselves by stating their names, when they moved in, the community they lived in previously, and any other information they want to share. Afterward, the activity director describes her role and that of the community liaison person at The Manor. The president of the Seniors Club introduces herself and welcomes new tenants to The Manor. With tenants sitting around a long table, very few conversations are initiated. The event lasts approximately an hour.

Other activities in the building include fundraising for various associations, such as the Canadian Cancer Society, the Canadian Diabetes Association, and the Heart and Stroke Foundation. A number of seniors will set up a table near the main entrance lobby to collect funds for these associations and make a donation in the name of residents of The Manor. A few seniors also volunteer to keep the library open and operating.

The Physical Environment

The physical environment in this residence includes a range of support services that form an important component of The Manor context. These infrastructure characteristics influenced social engagement among seniors living at The Manor and are consistently present in the living environment.

Infrastructure characteristics facilitated or hampered socialization. For example, seniors who regularly have their meal(s) at the dining room verbalize an ease in meeting others. James, an 82-year-old man, shared how he met others when he first moved in:

> I have a feeling that where it began was in the dining room because we were sitting four to a table and ah, well you get to talk, where are you from and what have you done and some of the stories you stretch a bit.

Nancy, a newcomer, also mentioned that she meets people in the dining room: "you get to meet more people there and you get to know the people." Vincent, an 85-year-old newcomer, was asked if the dining room was a key place to meet people, and he answered: "It is, it is…it's almost the social centre."

For others, having access to the dining room was considered more of an option in their life. Alice, a newcomer shared, "Then when I have company, if I don't feel up to it and it's supper time, let's go down to the dining room." Margaret, who had moved in about a year earlier, shared that she seldom goes to the dining room: "No, not very often. I have a lot of food in my freezer and I like to cook myself." Still for others, going to the dining room was not an option. Juliette, a long-time tenant explained, "I don't like to be over in the dining room, ah, for people who cook, for seniors, they put a lot of onions and different things and they don't have too many options to change." This participant went on to say,

> so I wanted to cut it down to five meals because [son] said that my income was going down…I asked them if I could have five meals

> instead of 10 because when they had started I had started with five, well they said they had no more cards or I had to buy 10 so I didn't buy any.

Lucy confirms the cost of going to the dining room: "No, no, it's too expensive, I can't afford that, but maybe in the long run it would balance out with the grocery bill but, no I don't, I always think it would be too expensive." Another senior woman, Debbie, shares her concerns about the transmission of germs from the kitchen staff to the seniors:

> when I complained about dragging the bracelets through our food, well they weren't, because I had seen it so much that I was fed up, you know, and all this business on TV about germs, you know, super bug, you know…so she assured me that the bugs didn't jump from their jewellery onto the food, so, I'll never forget that, bugs don't jump [laugh]; I don't know if she thought I never got out of public school or not.

Another infrastructure characteristic that facilitates social engagement is the monthly activity calendar and the weekly newsletter. These two documents are distributed to each apartment and are posted on every bulletin board in the building. During interviews, I observed that most participants had a copy of the activity calendar posted on their refrigerator door. Alice, who had moved in just 6 weeks before our interview, stated, "I just look on the calendar and see what's going on. You know, if it appeals, like they have bingo on Saturday nights, so, I've been going." The weekly newsletter also serves as a means of informing other tenants of newcomers in

the building. When asked how they are informed when someone new moved in, Paul answered, "Just through the bulletin [newsletter], yeah; we have a new lady today, I knew the CN [Canadian National] girl and she introduced me to the new person." Another participant, Juliette explained, "Well you see, we have the newsletter every year, I mean every week, and I don't, the week before they list the names." Charles echoed, "Oh, they're published on, ah, the weekly newsletter and we look to see if we know the person and ah, so far, so far, there are very few I know."

The activity director is also identified as facilitating socialization. Irene was happy to share,

> they first move in and then you see them at a meeting or at a function, you know, and of course a lot of that probably has to do with [name], 'cause we have the activity coordinator now, and that was badly needed here, so I think she has lots to do with it, in trying to draw them out because she tries to keep us all active.

Irene added that the activity director organizes a newcomers' tea: "Well we have every other month or so now, we have a meet the new tenants…introduce them to our activities…we try to get them out, you know and interested." Debbie, another tenant, also shared her views on the activity coordinator: "[Name], she does an excellent job, she's very busy, I'm happy she has an assistant."

The size of the building also creates a challenge for seniors in this study. For some newcomers, the size of the building creates a maze they have to figure out. I had to ask for directions more than a few times. Alice, who had moved in 6 weeks prior to our interview, shared her opinion and suggestion:

> I would like to make a suggestion to them sometimes…if I would have had a map to show me, where, you know, where to go in the building, because I was forever getting lost. It's only now, now I'm getting used to it.

Another participant, James, recalled, "it was six months really, I didn't even know my way to the store and where I was." Another female newcomer, Nancy, shared, "We couldn't find nobody, couldn't find nothing." For others, like Paul, the size of the building might deter them from attending activities in Rose Hall: "a lot of people from the North wing, it's quite a little walk…a few people I bet you they haven't gone down twice to Rose Hall." Irene, in particular, thought that "the larger [the building] the better" for the purpose of privacy:

> here it's so huge, you come in and you can get lost, like some people just don't bother with anyone, they don't have outside interests and they don't get involved inside here at all. So I think the larger the better in that way.

For James, in particular, the general environment of The Manor was challenging:

> To get used to the environment, get used to the people, to get used to living alone, which I would have been alone the same thing at home but this is a new environment and, ah, it was rough, I'll admit that.

Personal Factors Influencing Social Engagement

A number of personal factors have been identified as influencing social engagement in this study. These include biological, psychological, and social characteristics. Although described separately, the factors and their components exert

an always present influence on the meaning of social engagement, its process, and its outcome.

Biological Factors

Examples of biological factors include age, sex and health. In this study, the ages of the participants did not seem to influence the meaning or the process of social engagement. Two biological factors that did influence social engagement were sex and health.

Sex

Seniors in this study strongly believed that the experience of social engagement is different depending on whether a person is male or female. Men and women participants agreed that men had the most difficulties when it came to social engagement in a senior-designated apartment building. Some expressed very strong views on the subject. Debbie, who had lived at The Manor for 6 months, explained,

> I think, well this is just my philosophy, but I think women adapt more easily than men, and I think it's because men don't do the housekeeping, make the tea, men pour the drinks, women do the tea…I think men, I don't know, I think it would have been harder for my husband.

Irene shared her views by stating, "I think poor men, you know, that's just the way men are…they just seem to have a harder time, it's almost like the boy in them." Even the men shared the women's views. James shared, "Probably if you're a woman you have a tendency, now I don't know I'm not a woman, but ah, they seem to adapt a bit faster." Vincent, who had recently moved to The Manor, stated,

> I would think it's harder for a man in a sense because men, most men, ah, really don't look after themselves, their wives or whatever tend to look after them, cook for them, do the laundry, all that stuff…I think women would fit in here quicker than a man would.

Others, like Susan, shared their views by stating that men are lonelier:

> I think a man is more lonely. I don't know, I, I don't know what it is but I notice them like in the elevator, they're not as bright as the ladies are, they ah, they just seem, I'm here, I can't wait to leave and that's what most of them that I see are like that.

A number of participants expressed their beliefs as to why men were challenged. Irene shared, "Men's interests are different than women's." She continued by stating,

> But if they're here, if they're here with their wives, they're usually pretty sick by the time they come here. If you see a couple here, there's usually a reason because they would rather have their home, they would rather stay in their home til the very last, so it's usually a woman that moves in here alone, husband dies, a lot of widows here.

Another woman, Kristine, who had been living at The Manor for 18 years, shared, "I think women probably would be more apt to meet people than the men, like, because the men don't go to bingo very much."

Participants are adamant to share that women adapt more easily than men do and that women meet others more easily because of their social activities. The participants' statements also demonstrate that women are more outgoing and social.

Health

In this study, the health status of participants is clearly an influential factor in their ability to engage socially with other tenants. Although many of the challenges identified are part of the normal aging process, they nonetheless prove to be an obstacle to engaging socially in one's community.

Loss of hearing is one of the health challenges mentioned most frequently by participants in this study. Barbara, who had lived at The Manor for 4 years, explained why she did not take part in certain activities:

> A great interest of mine is nature, so I joined the one [club] here, …but it didn't work out because my hearing is failing, they met in the church which is large and they scatter all over the place and they are always asking to come up to the microphone, "oh I don't need to go to the microphone, everybody can hear my voice" and with that it goes down and I, I just, I just gave it up. I could not be there. I just got discouraged with it.

Gail shared that she did not take part in many of the activities: "I'm deaf and ah, it's very hard on your hearing because there are noise, there are a lot of noise in those places." Paul, an 87-year-old man, shared the same difficulties:

> I can't get, what you call, the punch lines, yeah, and, a lot of people, if they don't speak with a microphone, I can't get it, so I, and there's a lot of noise…I'm going to start a hard of hearing club [laugh].

Juliette, who had lived at The Manor for 11 years, shared, "We have bridge twice a week, I don't play, they have games night, I don't go down for quite a few things because I have a difficulty to hear."

Lucy, who took part in the focus group discussion, shares with the group that she needs to leave because she is having trouble understanding what is being said:

> It's hard being deaf because you can't really join, I was just on the verge of going home because I can barely understand what is being said, it's, you know, it's really hard even on a one to one basis, if that person doesn't talk loud enough or doesn't look you straight in the face, you can't hear, so you have to make them repeat and repeat and repeat and after a while you say the heck with this, I'm not going to stay. So being deaf is a big handicap.

After Lucy left the group, one long-time tenant in the group shared, "From all the years I've known her, I didn't know she was that deaf."

Another biological health factor influencing social engagement in this study is mobility. Participants mention the difficulties in getting around in a large building and also in standing or sitting for long periods. Alice, a new tenant, explained her tiredness by stating, " And I found it hard because, uhm, I get tired if I walk a lot…so when I arrived here, all of a sudden, I'm walking a lot." Another newcomer explained that many people stop and chat in the hallways, and this creates a difficulty for her because of her mobility problem. Claire remarked, "The thing is I can't stand around

talking to people although I can sit on that [points to walker], that's good, my two wheel thing, but to stand around and talk I just can't."

Other tenants mention that they don't take part in certain activities in Rose Hall in which they would be required to sit for long periods because of back pain or arthritis. Debbie mentioned,

> Now with my back pain, I have osteoporosis, so I can't sit around, so the one hour program suits me just fine, I've gone to bingo with my neighbors just to be sociable but they drag it out for two hours and then everybody says "what did you say" and of course sometimes I need that too, my hearing is not what it was.

Another new tenant, Nancy, a 74-year-old woman, explained,

> now I have rheumatoid arthritis, you can imagine I can't sit for long hours. I can't stand for long hours, so, the time, I can only stand about an hour and I don't, I keep active but on my own terms [laugh], I can't say to someone "ok, I'll do that."

Psychological Factors

The mindset of a person can influence many aspects of life. In this study, psychological factors include the mental attitude of the person toward life. Mental attitude in this study influences new tenants' adaptation. A positive attitude, for example, might include acceptance of things that happen and the ability to adapt to new situations, whereas a negative attitude might make social engagement more of a challenge.

The majority of participants in this study confirm that mental attitude influences social engagement. Claire, an 84-year-old married woman who had moved in 2 months prior to our interview, made it clear that acceptance was essential:

> The way I look at it, you have to accept the situation that you are in, you can't fight it, you're fighting yourself and your family and you have to accept, because you could make life pretty miserable for yourself and everybody else, which I don't want to do.

For other seniors, the importance of one's mindset is important. Helen described the problem that some other tenants have: "They have a mind set and you're not getting in there. Yeah, you can't change those people it seems, I don't know." She continued by saying, "You have to have an open attitude…that you're willing to make the best of whatever." Still, Helen explained that for some, nothing would bring them to take part in activities:

> And they have all kinds of reasons why they don't; like nothing goes right, it's not going right because it's not going their way [laugh]. Well we know that that isn't always possible, ah, so you got to go with the flow.

This participant went on to reason that the source of their temperament might be far beyond the immediate situation: "Some here didn't choose, really it's been sort of pushed on them or whatever and they're definitely going to have a different attitude to start off with and they're not going to benefit as much by what's here."

When answering the question "At the time when you sold your home and you had to move out and move here, what did you feel you were leaving behind?" James,

who had lived in The Manor for 4 years, answered, "My whole life…that's about the only answer I can give you, my whole life [eyes fill with tears]." He also explained how difficult it was for him to accept his move and meet other people:

> The most difficult part was adapting, getting used to the place…we met in the hall, had a little nudge, why, I really don't know, is it because of shyness, ah, because they were sorry they moved in here…I don't know, but it took quite a while.

Nancy, a new tenant, shared that this move represented her last one: "The only thing it means is that this is the last move, this is, from here on, this is it."

Other seniors have taken charge of the situation with their attitude. Juliette shared, "I realized no one will make you happy, you have to do it yourself, and I have." Irene, aged 64 years, explained, "I mean how lucky could you be, and you're not going to find a rent in the city of Moncton more reasonable, anywhere in the city, cheaper than here and to have all the benefits included." Vincent, a male new tenant who had moved in 5 weeks prior to our meeting, shared that he felt like this was his home. When asked why, he answered,

> Ah, I think the friendliness of the staff, the dining room staff and everything is so nice yet I've managed to bring my bits and pieces, my personal things, and they're all around me and it is home, that's it. I, I think it's bringing those pictures and putting that stuff up and having my little bits and pieces of the furniture I'm used to and it really has made it just like home. I do, I feel completely at home.

This same new tenant shared that it's all about attitude:

> It's going to be all about attitude, if you have a bad attitude, there's nothing too damn much they're going to be able to do about it. Life is like that, you know, you can get into situations and if you get the wrong mind set, you're going to be in trouble. If you can't adapt, and I think adaptation is probably, the ability to adapt is probably a very important thing.

For a few other seniors, attitude toward relocation is also challenged by the loss of driving privileges. This loss influences one's disposition. As Debbie, a female newcomer, explained, "I got sick and had to give up my car, so, it's been quite dramatic." Charles, an 88-year-old married man and newcomer, said, "If we would have our car we would be going different places visiting different people that we knew, and I miss that."

Individual Social Factors

During the analysis, it became evident that individual social factors, such as events in study participants' lives prior to the move, events that were connected with the decision to relocate, and perceived obstacles in The Manor setting, were influential to social engagement. These factors are social in nature, meaning that they are shaped and influenced by environmental exposure.

Past Events

Past events continue to shape the lives of study participants. Life experiences influence individual perspectives in ways that can facilitate or challenge social engagement. These experiences create awareness that can mould seniors' social skills, which, in turn, influence their ability to form relationship with others. Specifically,

past events can influence the meaning of social engagement and the establishment of interaction goals. Past events include reasons for relocating, preconceptions of and knowledge of The Manor before relocation, and the nature of one's personal life history, specifically other moves during one's life as well as one's involvement in the community outside The Manor.

The majority of study participants moved to The Manor to maintain or regain their independence in the context of vulnerability following illness, death of a spouse, or difficulty maintaining their house. For example, Barbara explained why she moved to The Manor by saying, "I was in a house and we had a really tough winter and I began to realize that it was just too much." For another, illness was the catalyst. Claire explained, "I took ill and, ah, our washer and dryer were downstairs in the basement and I couldn't do the stairs." The majority of tenants have something in common, which could be the basis of a first conversation with someone and the start of a relationship.

Not all study participants, however, had chosen to move. Charles and his wife, Claire, both explained that the children had initiated the move:

> the girls got together and they appeared one afternoon at 4 o'clock and [daughter] lives in Fredericton, and I wondered why the four of them came in at 4 o'clock in the afternoon, brought their supper and they said "we suppose you're wondering why we're here," well yes I was, but anyway, they had been over here to discuss the whole situation and ah, then we came over and looked over a few apartments and we said "well I guess it's time."

In contrast, others had their names on the wait list for years and were yearning to get an apartment in the building. For example, Margaret explained that she had waited 6 years for an apartment. For another, the move is in preparation for the future. Helen, a 67-year-old, shared, "I was looking for down the road. I was looking; I had known for quite a number of years that, as I got older that I would want to live here because of what I knew of the facilities." Choosing to live at The Manor or being coerced to move in the building certainly influences seniors' attitudes about the place and affects their desire to engage socially.

Many of the participants in the study had been warned about moving to The Manor by others not living in the building. Barbara, who had lived at The Manor for the previous 4 years, shared, "I didn't picture it would be like that, I had heard different stories about people who don't have any privacy once they move here but, and I really didn't want that." Another woman, Irene, a younger senior aged 64 years, added, "I think you're told before moving in to a place, any large place, beware, they're going to be at your door every two minutes, and I heard that myself of course…but I think it's how you handle yourself." Juliette, explained that other seniors in her previous social group had warned her: "I had been told…by two or three other people that people in this building, if they decided they didn't like you, that they could be very obnoxious."

When Nancy, a newcomer, was asked what she had heard about The Manor, she was quick to respond,

> People that, ah, people like friends or people that you know, they said "oh yes I heard about that place, it's a very nice place"; I said

> "ya I know, I'm going there"…the only thing I heard from some people, they said it's far from downtown but it's not that far, we're still in Moncton.

When prompted again about getting warnings about moving here, this same participant said, "Oh yes, I wasn't going to say that but…" and she went on to explain,

> the first one who told me that was the bus driver because we knew one of the bus drivers real well from taking the bus and he, we used to talk and when he found out we were coming, he said "it's a nice place" and he said "but be careful" and I said "why" and he said "you know little ladies they gossip" and I said "nobody will gossip at my door because I'll say goodbye, I don't gossip." Yup, that's what other people told me.

Still others couldn't recall getting warnings from friends before their move. Vincent, a new tenant, explained, "I heard a great deal of positive things, I don't recall ever hearing anything negative about The Manor." He went on to explain that he did have some apprehensions about the place:

> I was scared that it was going to be, uhm, [my wife] and I, we used to go on vacations and she liked the cruise ship and I never liked the cruise ship, there was always some kind of funny hostess there who wanted to get me doing this and that and to organize my own happiness and I didn't want any bloody happiness, I want to find my own [laugh], and I was a little apprehensive that this sort of

> thing would happen here a little bit but it hasn't, it hasn't come that way at all, but it was possible that it could have been.

Although this apprehension might be more a characteristic of individuality, it is a past experience that shaped the interpretation of what The Manor could be.

A good number of study participants had had past relocation experiences. Kristine, an 80-year-old woman, answered that past experiences with moving had helped her with this move to The Manor. Barbara said, "I had made several moves in the last few years before coming in here…we moved a lot, a lot, and it certainly is an expensive way to live but I wouldn't have missed anything." Susan, whose husband had been in the armed forces, explained that you have to make the best of every move: "I think it's because I had to make my home every four years wherever we went."

Other participants explained that they had taken part in social activities in their previous community. Alice explained how she had gotten involved in the seniors' club:

> Well I lived in, I had a mini-home, and I lived alone, and ah, I was there for about 13 years, and I loved it, I was involved there with seniors and I got to know people and ah, I was quite well adjusted there.

Debbie explained that she had never enjoyed living alone and therefore took part in activities: "I never really lived alone for very long, and I mean, I don't like eating alone, and, I was always fairly sociable and went to the camera club, and the usual skiing and dancing, bowling." Juliette, who had been living at The Manor for 11

years, shared, "I belonged to the exercise group in [name of community] and on Monday they would have an exercise group, and ah, we had parties at Christmas and we went out to Centennial Park, we had a lovely time."

Still other seniors explained that they knew other people in the building before they moved. Debbie, an 81-year-old new tenant, explained, "I was here twice on open house and my sister was with me and we knew people here and so, you know, we thought it was quite nice." Alice shared, "Oh yes, I knew people that were here, but, that have passed on. Yeah, there was one that I used to come and visit."

Perceived Obstacles to Social Engagement

Generated from the analysis, perceived obstacles are defined as experiences in the social world that make it difficult for seniors to engage socially. In this study, obstacles are described as gossip, difficulty remembering names, and the need for proper clothing. These characteristics of the individual social factor 'perceived obstacles' challenge social engagement in the senior-designated apartment building.

Participants in this study identify gossip and the attitude of others as significant factors for social engagement. Juliette, a 77-year-old female participant who was a long-time resident of The Manor, shared an experience that happened to her when she first moved in. Some of the tenants were saying, "'I heard she reads lips' and I heard someone say 'turn off the lights so [name] can't read our lips'…they were forever gossiping about something." Reflecting on her experience caring for her dad and moving into The Manor at a young age, Kristine shared,

> I was walking past the lounge where the pharmacy is, and I was walking by there one day and I heard this lady say "this is Mr

> [name] daughter but she's not a nice person like her father" and you know to this day, every time I see her, I think of her saying that, I don't think she knew, she didn't know I heard her.

Lucy, a woman who did not take part in the social activities, stated,

> I know for instance, downstairs, now there's the pharmacy, it used to be a lounge and certain bunch of them used to sit there day in and day out, and watch who was coming in and who was going out and gossiping and gossiping about this one and that one.

When asked why these seniors did that, Lucy answered, "it's because everybody is retired, they've nothing to do except mind everybody else's business except their own." Susan, an 84-year-old female new tenant, explained her experience with gossip by providing this story:

> They look at me when I come in, I'm new, they've been, some of them have been here for 25 years and they look at me coming in saying who is she. So one night, I went down there, and it was, I couldn't find a place to sit, and there was a fellow that had a reserved sign on his little table which I didn't see, ah, he was sitting there alone and I was standing by the table and I was standing there looking around and then I spotted the chair, but I didn't see the reserve, so I said, "would you mind if I sat here for dinner" and he said "no by all means, sit."…and I sat down there and then all of a sudden I saw the reserved sign. I said "oh I'm sorry, I didn't see the sign before" "that's all right" he said "you

> just sit"…But these little old ladies, I heard them over there in the corner and they said wait til [name] comes…oh, ya, I was waiting for the gossip because these ladies have been here for years and I thought oh God, I don't want to start anything.

Other people's attitudes can also become an obstacle. Alice explained how some seniors take their card games too seriously: "When we play cards, ah, I find that, there's one of them there, she takes it very seriously." Debbie who had moved in less than a year earlier, shared, "I don't think I want to get too involved here really, I don't know, I like time to myself…there is too much nitpicking in the clubs." Others believe they might be too young to join activities for seniors. Helen shared, "A few people here are of the younger variety who may be in because of disability or something, they don't want to join the seniors club because they don't want to be looked at as a senior." One woman in particular, Juliette, shared her experience:

> when I was first here, I went down there, no one would sit with me, it happened to me when we had, ah, downstairs, we'd have a white elephant sale to raise money and then they have tea and a muffin or something and I was sitting there with a couple of ladies and everybody got up and went to sit someplace else, so that's what I'm talking about, and the first Halloween, I got all dressed up and people didn't want to talk to me, after trying, one lady asked me to go sit with them.

She continued by explaining the behaviour of some at the Seniors Club monthly meeting: "We have a general meeting every month, they talk after or before but no one will get up during the meeting."

Remembering the names of the people seniors meet is also a challenge. Alice, a female new tenant, explained,

> everybody started getting out of their apartments, and I got to thinking, I have to remember all these names. So anyway, a couple of days went by and I went out, and the gentleman they had introduced me to was walking down the hall and I looked at him and I said "are you the maintenance man," he said "no I'm [name]." I had forgotten his name already.

Later, this same participant added, "I've been making a point to try to remember names. And the other night I woke up in the night and couldn't go back to sleep so I thought well, I'll start memorizing in my mind all the names."

Another senior, Charles, who had been at The Manor for 2 months, shared, "You know, ah, at first I would say, how am I going to remember all these names, I'll have to put them on my computer [points at his head] [laugh]. I'm still having problems regarding that you know." Debbie, another new tenant, echoed this concern: "Oh it's driving me crazy, I mean I have little notes here, Mary she's somebody and somebody else [laugh], and I have little biographies on all of them." Another female new tenant, Susan, also shared, "I'm not good with names."

Wearing the proper clothing also seems to be important for social engagement. Alice explained, "when you walk out of your apartment it's like walking

out on the street, you have to be dressed and ready to go." Another female participant, Kristine, shared,

> When I get up in the morning and get dressed, I always put on like if I was going shopping you know; it's not like owning your own home; we're not supposed to go down in our nightgown or our morning slippers.

For others, like Lucy, getting all dressed up is not very appealing:

> If I want to go and see somebody, I have to get all washed and dressed up and I don't like to get dressed up when I'm home. I just want to relax and ah, if I want to go and see the neighbors or friends, I have to dress up and I'm too lazy for that.

Meaning of Social Engagement

In this section, the meaning of social engagement as articulated by the study participant is described. Seniors sought to establish connections with others for four different purposes that satisfied their different needs. The four types of relationships are described in the following section.

Seeking Connections

The purpose of connections was described as provision of feelings of security, casual interaction, support, and/or friendship relationships. These purposes were rooted in the seniors' experience of vulnerability, which was often reinforced by prior events that influenced their decision to relocate. Each connection fulfills the need of at least one person in the relationship, but members of the dyad might differ in their perceptions of the intensity of the relationship. Thus, a common interest leads to the

development of a connection; however, it is possible that the reason for wanting to develop the connection is not similar. The need to establish specific types of connections led seniors to engage in the process of social engagement. These connections are not sequentially related to each other, and one type of connection can develop without the others. In addition, one person can have more than one type of connection with different people.

Feelings of Security

Establishing connections for the purpose of feelings of security can be described, in this study, as the feeling of knowing that a person is not alone and that someone is at hand if a need arises. Connections for the purpose of security develop in part from the common fear that sickness or a need for help could strike at any time. For newcomers to the building, the feeling of security is related mainly to knowing that they are not alone. For example, Vincent, who had moved in 5 weeks prior to our interview, shared, "I'm gaining a comfort level that if something happens to me or something, if I start to fail or whatever, I have that comfort of security."

Some new tenants also noticed that others in the building would check on them. Alice, who had moved in 6 months earlier, explained,

> And another thing they do ah, that I noticed, I had a call, I wasn't feeling good for a few days, and she called every day to see if my cold was better and I really appreciate that, they check on you, you know, like they look after each other.

When Alice was asked if she checks on anyone, she replied, "Well, ah, no, I haven't checked on anyone."

Some seniors who had been in the building for some time shared Gail's view when she explained,

> It's not right that people can live on the floor unconscious here for two or three days. They just found a woman on the floor here a few days ago, she's in the hospital now and she's going into a nursing home.

As a result, some tenants who had been in the building for a few years have developed a system to check on each other. Kristine, an 80-year-old woman who had been living in the building for the past 18 years, explained,

> I have a buddy system, ah, I have her key and she has mine and I also have [name] key…we keep in touch, like when she leaves here to go home after playing cards, she calls me and if I'm up there [friend's apartment] and, you know, I'm home safely.

Kristine also explained,

> It wasn't long ago, maybe since you got here that [name] laid in her apartment for a couple of days and her sister lives in here, that I couldn't understand, I mean, apparently her sister called her a couple of times. Like if I call [name] several times and there was no answer, I would go up.

Kristine's rationale was, "But you see, we can depend on each other, this is what we do."

Although some seniors had organized buddy systems, others felt secure simply knowing that others were around them. Irene, a 64-year-old woman who had moved in 11 years ago, shared,

> I have that feeling at night or when I'm alone, that I know her, I know her, there's a connection, I could run over there in an emergency, or it would be my last resort but you just feel like you're a family, sort of, and an apartment building wouldn't do that.

During the focus group discussion, one participant shared,

> We just moved-in in August and, ah, the lady across the hall from us she passed away, I didn't know her that much but she was a very nice person, very nice lady, and ah, after I heard, it kind of bothered me because I used to hear her in the hall, she was, she was a quiet person, I could barely hear her TV and after she was gone I didn't hear anything and it bothered me for about a week and now they're fixing the apartment, somebody is going to move in, so it won't be as bad.

Gail, who was 87 years old and had been living in the building for 3 years, also explained,

> If they knew I needed something, I think somebody would come, I'm sure, I, ah, I don't have any fear of being in here alone, I know there would be a dozen people that I could go and knock on their doors if I needed something, probably more than that.

Some seniors also took the role on themselves to check on someone they knew was frail or ill. For example, Gail, who did not have a formal buddy system in place for herself, checked on others in the building: "I check on them both every evening around 7 o'clock, I don't stay, only once in a while." Margaret, another woman, who was 72 years old and had been living in the building for the past year, had an informal system established with a neighbour:

> The lady down the hall, I'm on her Lifeline and I check with her everyday around 4 o'clock, I knock on her door and lots of times if she doesn't see me, she'll knock on my door and say "are you ok" and I'll say "yes, are you'?" And the lady on that side, she's deaf and doesn't have a lot of friends; I go in there, check on her.

Connections for the purpose of feelings of security are therefore developed between people who recognize the importance of checking on each other. In this context, the people didn't necessarily have friendship connections but have connections for feelings of security.

Casual Interaction

In this study, connections deemed casual are those that develop as a result of individuals' not seeking close relationships with other people. On the other hand, these seniors nonetheless socialize and speak to others, although they are not searching for friendship from the connection. The length of time in the building did not seem to influence this type of connection.

Seniors who prefer to develop casual connections do not visit other tenants in their apartments, believe that they have nothing in common with others, do not feel

close to other tenants, and privilege their privacy. Barbara, who had lived in the building for 4 years, explained, "I got to know her and speak to her, I never went into her apartment or anything like that, it would just be hi and have a good day." Barbara went on to say,

> I don't visit in their apartment and they don't visit in mine. I just know that they're there and when we go to something in the Rose room I say "how are you today?" We're not close like back and forth all the time.

Irene explained, "we kept our life private and didn't encourage people coming to the door, coffee and all that, and we just didn't encourage it and it never happened." Privacy is very important and seems to be at risk if connections are not casual. Lucy explained,

> I don't want them to drop in and I don't want to drop in on them unless they ask me, I'll go if they ask, otherwise, I don't, I like my privacy I guess, because I'm not, well, I've said this before, I'm not a joiner.

Other seniors stated that they were not interested in close social contacts. When Alice, who had moved in 6 months earlier, was asked if she was looking for friendship or acquaintances, she answered, "It doesn't matter any more…they're just people." Claire, another newcomer, said, "Oh, not close, no, just acquaintances, on speaking, on good speaking terms, you know."

Some seniors are unsure of what to call the people whom they do not consider friends or acquaintances. Gail, a woman who had been at The Manor for the past 3

years, shared, "I don't call them my friends; I know if I went to their door I'd certainly be welcomed." Irene, who had lived at The Manor for the previous 11 years, also said, "Oh, I'd probably say between friends and acquaintances, like there's an in-between, if there is an in-between." When another new tenant, Vincent, was asked if he was looking for something in particular in meeting people, he replied, "Not social, no."

A number of seniors are at ease with who they are, and they are not looking for something social to fulfill their happiness. Lucy simply stated, "I'm not interested," when asked about others in the building. Irene, a younger senior, explicitly explained,

> I'm not really looking for anything, personally…I'm just a private person, I like to read, I don't mind my own company, I, I'm not a loner by any means, I enjoy people, but I don't need this one to one, I had my husband one to one, but I don't need this one to one friendship all the time…I don't know how to explain it.

Nancy, a woman who had moved in 3 months earlier, said, "I'm not that type that goes; I'm more of a loner when it comes to things like that. I'll speak to them, but ah, I'm not one to do this, I never was." When asked if she was looking to meet other people, Nancy answered, "Well, no, I'm happy the way I am."

Several seniors stated that it is difficult to become friends with someone; therefore, they are simply looking to make acquaintances. Some seniors were preoccupied with the details of meeting others. Irene asked, "What is there to talk about when you, when you come and visit?" Claire added, "You have to know a little

bit about a person before you speak out too much." Juliette, who had been living at The Manor for 11 years, would give the following advice to new tenants: "Well, don't try to make friends, make acquaintances. Ah, people don't want, they want their privacy…but don't try to get too close." Juliette, who was hard of hearing, added, "It is very difficult to make friends here." Sylvia, another female tenant who had been calling The Manor home for 9 years, stated,

> I don't want to know the worries of your family any more that I'm going to burden you with mine and I haven't got too many worries for my family but I don't want to know your business, that's your private affairs.

Casual interactions are intentional and deliberate associations with people without the intention of forming close-knit friendships or acquaintanceships. New tenants as well as long term residents had chosen this type of connection that seemed to satisfy their need for relationships with others.

A subtype of casual interaction was defined as social. Social connections in this study are connections that tenants maintain by taking part in communal activities in the building. Seniors seek out certain people with whom they have a social connection and sustain these connections by consistently responding to the same people in the community.

Attending social activities such as bingo is a good example of this type of connection between seniors. Barbara shared, "And there's one lady that usually sits with me on Wednesday night and I enjoy, I enjoy her, she's pleasant to talk with." Charles stated, "then there are two ladies, normally that we sit with at noon hour."

Others are simply content knowing that they can go out of their apartment and socialize with people. Helen explained,

> say if you have six or seven days in the winter with a blizzard, you have access to people as much as you want to, ah, you can have people in or you can go out, outside your apartment and join in activities, or ah, just be part of the community right here.

Others make social connections while taking public transit, which has a stop at the main entrance of the building. Nancy stated, "Well the only friends, you see the only friends are acquaintances like when we take the bus, we talk to each other." Although some would play cards with the same people every week, Sylvia explained they met in a lounge instead of an apartment: "We usually meet, two of them I play cards with on Wednesday night, very close, but that's, we meet downstairs."

On the other hand, others simply miss these social connections. Paul, an 87-year-old man who had moved into The Manor 22 years earlier, shared, "Ah, not so many phone calls. I just made a list of 30 people I might phone to say hello to them…so not much contact."

Support

Generated from the analysis, connections identified as supportive have the characteristic of manifesting caring for others and giving back to make life better for an individual or the community in the building. As well, those who are the recipients of this support do not demonstrate or verbalize any sense of indebtedness. The people who have supportive connections are interested in helping out others without

expecting something in return. There seems to be an unspoken sense of "that's what some people do."

Barbara, who had been living at The Manor for the previous 4 years, explained during an interview that she had been out picking wildflowers and divided up her flowers to share with a neighbour going through a difficult time:

> I got out my little plastic leftover dishes and I, I got my bouquet and five others, and my neighbour down the hall, her husband has just got in to a nursing home and she's having, she's finding it rough to adjust to it, so, she just cried when I knocked on her door.

She added,

> I knew he was failing, I knew he was failing and he would sometimes come to my door when he was coming home. So ah, I got, I always spoke to his wife, and ah, her husband, and I knew where they lived and ah, ah, once in a while, I knew what she was going through because of me having gone through it, and I would ask her how she was doing and she would say, oh he fell last night.

Margaret shared that she took Thanksgiving dinner to her male neighbour, who lives alone:

> Well nobody was having him, so I asked the lady next to him and she said "I don't know if his daughter is coming or not" so I said "I'll take him dinner" and so she told him and he was here twice at my door "what time did you say it was," I said "4 o'clock," so I took him his meal and my daughter took him over his dessert.

Others liked to help out in different ways. Sylvia, a long-time tenant who was 85 years old, shared,

> She's originally from up north, ah, I'm friendly with her, she's a nice person, she has [chronic illness], so I help her, she finds it hard to get going in the morning when I go for my paper I pick up hers and it helps her you know.

Sylvia added, "If she runs into trouble sometimes with her knitting, she gets mixed up, and I just take it out and fix it for her."

An 87-year-old woman made it clear that although she helps others, she did not consider these people her friends. Gail explained, "No I don't call them my friends. I take the paper to two, the woman next door and one at the end [of the hall]…I just take it up when I get my paper." However, helping out could sometimes become very demanding as Gail explained:

> But I stopped that [delivering the paper] when I got this operation because I can't lift anything and ah, she wants her paper and she wants it at 8 o'clock in the morning and if I don't get it early, she'll call the store to see if I've been there…If I cut out something in the obituary, she wants me to put it up on the top so she knows who died [laugh], a little much, you have to be careful…I'm not getting anything for it so I stopped that.

Supportive connections provide a feeling of well-being for the person helping others. Helen, a 67-year-old woman who volunteers and helps out often, said, "But see, some people don't allow themselves the opportunity to get involved, not only

could they do something for their neighbourhood and their community but they could do a lot for themselves but they don't see that." Irene also explained, "The companionship or the fellowship I suppose, and you're helping out, you're volunteering, you can say well I did something today, yeah, feels good to do something for someone else."

Margaret, a 72-year-old woman who had moved into The Manor a year earlier and who is a recipient of supportive connections, explained, "I think they care, they invite me to things and when I'm sick they all sign a card." She continued by saying,

> When I came back from being so sick, people would bring me food, I had a walker and people were kind to hold the door and that, helped me that way, but I don't think anybody went out of their way.

Friendship

Friendship connections in this study are those that are characterized by participants' stating that they have friends in the building. These connections are also defined as feeling part of a big family and being on good terms with a group of people.

A feature of friendship connections is that people visit in each other's apartment. Alice, a newcomer, explained,

> I've made one close friend…we hit it off right away, and ah, she'll call me after supper and say "did you have your desert yet," "no," "come on over and have a cup of tea and we'll have desert."

Gail, another newcomer, shared, "Well, I only have one friend who comes in…that's the only one really [who] comes in, I don't really ask some of them." When asked about people visiting in each others apartment, Irene, a younger senior who had been living at The Manor for 11 years, answered, "Well some do because they've been friends for years." Kristine, who has been living at The Manor for 18 years, described her connection with her friends by saying, "We just, they come here and play cards, we go there, and we don't have to put on the dog or anything, just comfortable."

A number of participants describe this connection as being part of a big family. Alice, a newcomer, shared,

> Well it makes me feel like we're all connected and we are not alone, it's, it's like a family here since I've been getting to know the girls, I just call them the girls. Nobody calls me Mrs anymore, at one time it wasn't polite not to and now they call me by my first name.

Another newcomer, Susan, added, "People are normal. There's nothing put on. They're easy going, you say hello to everybody and it's like a great big family." Sylvia, who had been at The Manor for the previous 9 years, said, "There's a togetherness here, you know, you feel it." The significance of visiting in each other's apartment seems evident when this woman, a newcomer to The Manor, explained that a man she sits with in the dining room invited her to his apartment. Sylvia explained, "And he's taken me upstairs to see his apartment but that was a first and last time…it's nothing serious about this, it's just friendship and we have a lot to talk about."

Other participants are adamant in stating that they are searching to develop friendships or that they have found friendship. Barbara, who had been at The Manor for 4 years, explained, "I've got a few friends in here…I don't know how I met her, we just clicked and I enjoy her…It would be difficult if you if you didn't make any contacts and didn't have any friends in here." When asked what she is looking for in getting to know others, Helen, a 67-year-old woman who had been living at The Manor for 4 years, answered, "I think friendship, just like in any community; it's nice to feel that you know your neighbours and the people around you." Susan, who had moved in 3 months earlier, shared that she was not looking for friendship, as she still had friends outside the building:

> It's not that important to me because the friends that I have will always be my friends and ah, I kind of pick and choose, like I want to be friendly with everybody…but I'm not looking for something. I have people here in Moncton that have been long-time friends…I have family connections and ah, I'm quite happy with what I have.

The Process of Social Engagement

The meaning of social engagement incorporated interaction goals and was influenced by environmental and social context as well as personal biological, psychological, and social factors. In this section, the process of social engagement is described. The participants in this study define social engagement as the work prior to establishing a relationship with others. In this study, the process involves two phases: receptiveness and involvement. The process is described as nonlinear, although being receptive and open to meeting others precedes direct involvement with others for the

purpose of developing social relationships; involvement encourages additional receptiveness to getting involved. In addition, participants describe the process by stating that it takes place over time and that seniors need to "be careful" with whom they engage socially.

Receptiveness

Receptiveness in the context of this study is described as openness to meeting other people as well as taking the initiative in meeting others, in other words, engaging socially. Specifically, the characteristics of receptiveness include taking the initiative to meet others, being aware of socializing opportunities, responding to invitations for socializing, trying new things, seeking opportunities to be with others, learning from long-time residents, and weaning oneself from past community activities. The following section describes these components.

In the phase of receptiveness, seniors first look over the situation. Helen, a 67-year-old woman who had been living at The Manor for the past 4years, explained it best when she said,

> take your time in getting close to, get out and get going and look over the situation, but don't get too too close, get to know the persons first and then assess what you're seeing there, just pay attention and that way you don't get hauled into some of these groups. But don't let that keep you in your apartment with the door locked.

Barbara explained it as paying attention or being aware of one's surroundings: "I guess initially, you're, you just meet in the corridor and you come to realize, oh

yes, she lives in that apartment down there, and you kind of start to place people, who your close neighbors are." Claire, a new tenant, shared that you have to take the initiative to talk to people to get to know them: "We meet the same people going down the hall, because we go at 11:30 for lunch and ah…some of them are coming back from their meals and so we just talk to them." Gail, an 87-year-old woman who had moved in 3 years earlier, expressed, "I speak to everybody I meet and everybody speaks back." Another woman, Juliette, said, "You say hello to people and people say hello to you and you're waiting for the bus and you chat, but ah, but like I said, don't try to push to fast and give yourself some time."

For another participant, receptiveness also signifies seeking opportunities to engage by taking the first step toward meeting other people. Susan, a newcomer, explained, "Well, when I first got here I just decided that I would go down there, to the dining room, and sit with someone and start talking." When asked if it was difficult for her to go down by herself, she replied, "No, I'm a friendly person and ah, I'll go there and talk to everybody, they probably think I'm bold, I don't know." For others, however, going to activities alone posed a challenge, as Irene explained: "I've never been any good at going places alone…if I'm going alone, I'm not going!"

Some participants explain their initiative in meeting others by stating that "you have to put yourself out there." Barbara, who had been living at The Manor for 4 years at the time of our discussion, stated, "They have to put themselves out and ah, and try the various things that are offered here." She continued,

> But for anyone coming in here, if you don't put yourself out a little bit, ah, try, to get acquainted and to take advantage of what there is

> to offer, it's your fault, you've got to try…you've got to push yourself a certain amount.

Maria, a 91-year-old woman, explained herself by stating "you have to break the ice":

> When I first moved in…when I went to the bingo and I was looking all around for where I was going to sit, you know, I didn't want to interfere with anyone, but that's the way you feel and I know people still feel that way when they first come in, you sort of have to break the ice.

She explained the best way to break the ice was to "sit and talk." Nancy, a female newcomer, expressed herself by saying, "If you really want fellowship as we call it, you just have to go mingle and you'll make friends doing that." Juliette said, "Well you go to the social things and you talk."

During this phase of receptiveness, seniors can get recruited for certain activities. As Alice explained, "Right now I sing in the choir at St Augustine and now they have the services right here on Saturday and so they got after me and I'm singing in the choir with them!" Barbara, a woman who has been staying at The Manor for the past 4 years, shared,

> Uhm, shortly after I came in, I was asked by the president of the seniors [club] if I would be the secretary, they were really struggling to get a secretary and I really didn't want the job, I really knew so few people in here…so I did take that for two years; that was sort of my introduction to a lot of people.

Helen, a younger senior, explained that there are no problems in getting recruited: "Oh that's no problem at all, all you got to do is let anybody know that you'd do anything and they're all happy [laugh]."

A number of seniors expressed an openness and friendliness toward others. Alice, a newcomer, stated her openness to new things:

> I'm not a bingo player but oh, some have all these cards out, I got all the cards, I had 10 cards and I'm not used to that, and I got lost and I don't even know if I won or not [laugh]. So I thought, if I'm not doing anything, I'll go down and just take two cards, I can handle that and then gradually, maybe I'll take more. I don't know, there's no harm in it, it was just a pass time, but it's not a game I ever played.

Barbara shared her bingo experience: "if I can sit by a table or with a table of people who don't talk, because I just want to concentrate, I get a kick out of the bingo, and the badger of back and forth." Irene, a young female senior, explained, "Well I didn't try, kind of everyone's different, I'm a friendly person, I'll have a smile on me." Kristine, a long-time tenant, expressed, "we try to be friendly to everyone." Margaret, a newcomer, simply stated, "I've just been myself."

Role of Long-Time Residents

A few of the long-time tenants have taken an active role with newcomers to The Manor. For example, some of the new tenants learn the "rules" from long-time tenants. As Claire explained, "we didn't know the system really, kind of learning it"; when asked how they learned about the system, she answered, "Just following along

with the other people." Paul, a male participant who had been at The Manor for 22 years, shared how long-time tenants could help newcomers: "Knock on the door and drag them out. It's sort of a lonely system." Kristine, an 80-year-old long-time tenant, explained, "one night she [newcomer] came into bingo and she didn't know too many people so we had a place at our table so we invited her and we've been friends ever since." This same participant also shared,

> I'm not sure how we met her, maybe at church or the girls knew her sister, that's what it was, and [friend] has taken her under her wing and [newcomer1] is not a well person but she comes to bingo with us and she goes to things with us but she's a bit lost and then the one next to [friend], lives up on the 3rd floor, she's on crutches and she has an electric cart now, her name is, ah, her name is [newcomer2] and so [friend] is a very friendly person and so she's invited her to play so she comes to play bingo and she also learned to play cards so she's come to play cards with us and I often say thank god for [friend] because she took, like I don't know where [newcomer1] would be if it wouldn't have been for [friend] inviting her to join us because sometimes I feel sorry when I see somebody in here that doesn't seem to know anybody.

Still Maria, 91 years old and living at The Manor for the past 10 years, shared how she helped a new neighbour:

> I said "what do you do with yourself, you should come out" but there's something wrong and ah, she has to be tested all the time,

> and ah, I know, like she'll say "well where would I go, how will I meet you" and I said "I'll come down and get you" so I took her there and her family one day came in and, ah, they were talking to me and they said "you're so nice to do that" and I said "you know I like people to come out" and when I saw her, she was so glad when I spoke to her and I said "[name] you come with our crowd" so we bring her along now.

Involvement

The second phase of the process of social engagement is involvement. Involvement is defined as the actual interaction of seniors with others. This involvement results in the development of social ties for feelings of security, casual interaction, support, and/or friendship and supports older adults' receptiveness to other relationships. The characteristics that define involvement include attending activities, introducing oneself to others, going out alone, speaking to others, and getting known by getting involved. In the next paragraphs, these characteristics are described.

Alice, an 80-year-old newcomer who is now attending activities, explained, "I'm still adjusting. Ah, but it's getting ah, I know I'm going to be ok. Ya, I like it, I'm getting involved and I like the atmosphere, everybody seems happy, and ah, I think I'm going to love it." She added that speaking to others was important: "just go downstairs, talk to people, and don't wait for them to talk to you, you have to talk to them. You'd wait a long time [for them to talk to you]."

Charles, another newcomer, shared his thoughts on getting involved: "we attended the Sunday night service and or the chapel service…and ah, anything else that was going on we attended and got to know some people that way, that sort of thing." He also spoke about the importance of introducing himself: "I got to know a lot of people in the dining room as well, I mean, I introduce myself and got to know them." When asked how she met other people, Margaret, another new tenant, answered, "I go to hymn sing on Sunday night downstairs so I meet a lot of them there." Still another newcomer, Debbie, an 81-year-old woman, explained how she was gradually getting involved: "in the afternoon I go to the library three days a week it's open…and I go to stuff at night." Another woman, Claire, who had been at The Manor for 2 months at the time of our meeting, stated, "You have to get involved, people are friendly, you have to be friendly yourself."

Long-time residents also offer the same advice on getting to know other people in the building. Helen, a younger female senior, shared that she got known by getting involved:

> I noticed once I became secretary, ah, more people approached me, strange people, strange to me, faces that I knew from here but I had no clue what their name might be. I may had heard their name but I didn't have a face to go with the name but they would know my name because it was getting around…when you're involved, you get known

Kristine, who had been at The Manor for 18 years, explained how she first got involved when she moved in:

> Well they must of known I'd just come in, especially that I was out of the work field, I don't know if I volunteered or not but from then on, every time I would send in my letter of resignation, the president [seniors club] wouldn't even look at it, so seven years, but I enjoyed it and that is how I got to know people…one time I think I knew everybody in the building.

Factors Influencing the Process of Social Engagement

During the process of social engagement, two factors influence the process and its outcome: time and being careful.

Element of Time

Throughout both phases of the process of social engagement is the constant element of time. Most participants agree that it takes time for newcomers to a senior-designated apartment building to engage socially.

Many of the seniors interviewed are adamant that it takes time to settle in and to meet other people. Alice, a newcomer, shared, "you have to, ah, settle-in, take your time." Barbara, who had been living at The Manor for 4 years at the time of our interview, explained, "it takes quite some time to get your bearings and feel comfortable going out of your own little home into the corridors." Another woman, Helen, said, "take your time in getting close to, get out and get going and look."

Some participants even suggest a specific time line. Juliette, a woman who had been living at The Manor for 11 years, shared,

> I'm sorry I can't tell you anymore about how to get along in here but it's an ongoing process and you mustn't try to push and that's

> all I can tell you, because, and give it a year and if you don't like it
>
> well ok.

James, an 82-year-old man who had moved into The Manor 4 years earlier, echoed, "give yourself a year at least to try it out." He continued,

> before I started knowing the little lady next to me, it takes time,
>
> and it's as much a problem on their part…and that's how I first
>
> started to get to know the people in here it was six months really.

It is evident that time is required to settle into a new environment. It would seem that time is an element that allows new tenants to survey their surroundings so that they can initiate the process of social engagement.

Element of "Being Careful"

Another influential element in this study is the belief of study participants that new tenants needed to "be careful." When asked what they needed to be careful about, Alice, a newcomer, explained,

> To be careful about certain people, yeah…I felt that when I came
>
> here because they'll say "that one there, I wouldn't get too friendly
>
> with her" or somebody else, and at first, I thought how can they
>
> say that about someone, well it made me aware.

Helen, aged 67 years and living at The Manor for 4 years, shared,

> Don't be too quick to become buddy buddy with whoever you run
>
> into just because you could find out very shortly that these people
>
> are real gossips and just not the person you want as a friend.

Juliette, also explained,

> one of the young ones, that's what happened, she came in here and she was able physically and they asked her to take part in too many groups and she just moved out and then she moved to just a regular apartment…but you have to be careful because they want volunteers and that, you know, they have them do too many things, yeah, but some of them, they'll tell you, they came here and they retired and they don't want to do anything.

One male long-time tenant, Paul, summarized his perspectives on being careful by stating, "M.Y.O.B….mind your own business."

"Being careful" has the potential to challenge the process of social engagement by creating a sense of caution. Although the majority of participants mention this element, it seems that with time, most new tenants carefully initiate the process of social engagement.

Outcome of the Process of Social Engagement

Seniors' satisfaction with their social ties is the eventual outcome of the process of social engagement. As previously described, interaction goals and factors influencing the process affect seniors' potential to engage socially. In the following section the characteristics of the outcome of the process of social engagement are described.

The outcome or consequence of the process of social engagement is the creation of social ties, which include establishing and maintaining social network connections that fulfill goals for social interactions. Although satisfaction with social ties was reached by all study participants, for older adults to feel satisfied with their

connections requires varied types of relationships, some more intense than others. Satisfaction stems from interaction goals' being met.

Prior to moving at The Manor, study participants maintained social ties mostly by face-to-face contacts with peers and family members. Most seniors had access to a car and had the physical capacity to get around quite easily and freely. In fact, some, like Alice, were so busy with social activities that their children joked about having to make an appointment to visit their mother: "I was very independent, I drove my own car and I, ah, she [daughter] always said that if she wanted to see her mother she always had to make an appointment [laugh]." After relocating to a senior-designated apartment building, many seniors lost their driving privileges and found themselves trying to maintain past face-to-face contacts by means of the telephone. As for the connections established in The Manor after relocation, these seem to be maintained differently, depending on the type of interaction. For example, feelings of security and casual interaction seem to depend mostly on "being friendly" with others and one's continued presence, not necessarily involvement, in the community, whereas support and friendship seem to be maintained by discussions, concern for the other, and a desire for a more intense relationship with other tenants. With the establishment of a new social network, study participants seem to have less and less contact with past friends and acquaintances.

Satisfaction with one's social ties was discussed by participants in different ways. For some, they explained their satisfaction by stating "there are so many opportunities here and so many things to do, it's wonderful" while others simply explained "I'm happy, we're like a family, its home". During the focus group

discussion, one participant explained "it's always been a very friendly place to live" and another added "the advantage of living here is having people around you".

Social Network Connections

At the end of every face-to-face interview, I asked participants to help me fill out a diagram called an ecomap (Figure 4.3). Participants were asked to describe who they do things with and/or who they can count on, both inside and outside the building. Seniors were also asked if relationships with the people identified were defined as a strong relationship, moderate relationship, a weak relationship, and if they had any relationships that are difficult. I provided no formal definitions to participants for strong, moderate, or weak relationship. Instead, I left it to seniors to decide without influence from me the classification of relationships identified. Older adults who were interviewed during the first cycle of the study identified an average of two supports in the building and two supports outside the building. The maximum number of supports identified were four, with the least being zero for inside the building. For support from outside the building, the maximum number of supports was four and the minimum number was one. I found it interesting that a number of participants identified the maintenance men, the community liaison person, and the 9-1-1 service as people they could count on for help inside the building. Outside the building, family members were the most commonly identified people.

For example, Alice, a separated 80-year-old who still drives her car, had moved into The Manor 6 weeks prior to our interview. She identified one moderate relationship inside the building with another tenant and no outside connections.

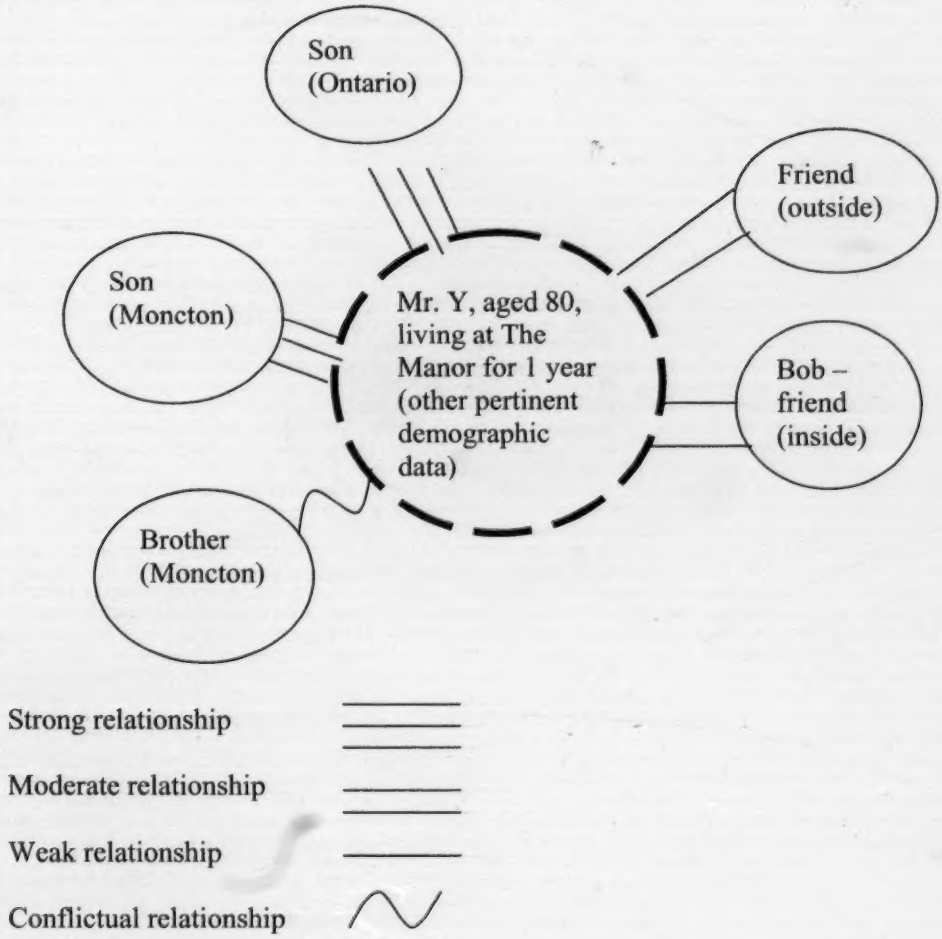

Figure 4.3. Example of a completed ecomap

Although she identified very few social connections, she was always present and outgoing during activities. In addition, during our interview, she explained that she still takes part in social activities in her past community and considers herself quite active. She also has a daughter she failed to indicate on the diagram. Charles, a married 88-year-old man who does not drive and has difficulty hearing, and who moved 2 months prior to our meeting, identified four inside contacts he could count on. He identified moderate relationships with the dining room manager, an LPN (licensed practical nurse) who works at The Villa, and the Community & Senior Services Liaison person, and a strong relationship with his wife. He also described three strong relationships with friends outside the building. As well, this man alluded to how close he was with his four children, but he did not indicate them on the ecomap.

Seniors interviewed toward the end of data collection identify no people with whom they do things inside the building. It is interesting to note that 5 of these 6 second-cycle participants were new tenants to The Manor. Many of them identified friends and family members as people they did things with outside the building. Lucy, who was interviewed during the end of data collection, was one of the participants who identified no connections inside the building and two connections outside. However, she identified both of these outside connections as weak, one being her daughter and the other her brother. Nancy, who moved in 3 months before our interview, lived with her sister, was 74 years old, and had no car. She also identified no connections inside the building but five outside. These outside connections consisted of four strong relationships with a friend, a sister in the area, a sister living

in Ontario, and a brother she spoke to monthly. The other connection was identified as moderate with a friend. It is interesting that she did not mention her sister with whom she resides as an inside connection on the ecomap. One study participant in particular identified no connections either inside or outside the building. Susan, an 84-year-old widow who had moved 3 months earlier from her home in Ontario, had three siblings in the area that she talked about during our interview but did not identify them as connections. She also identified, during the interview, a male friend with whom she sits in the dining room but, again, did not identify him on the ecomap.

Regardless of data collection cycle, the people seniors identified mostly often were family members, friends, and staff members working at The Manor. I found it interesting that the male study participants who were 75 years old or older and had been living in the building for more than 2 years had the most support from inside the building. Paul, for example, a married 87-year-old with a car and severe loss of hearing, identified two inside connections, which consisted of strong relationships with an LPN at The Villa and the president of the Seniors Club. He identified one strong outside connection with his daughter. Similarly, James, an 82-year-old married man, identified a moderate relationship with an LPN from The Villa and a weak connection with administrative personnel. It is unknown whether the same LPN was named as a connection by different participants.

Those participants with the most support from outside the building were aged less than 75 years, and most of these connections consisted of moderate or strong relationships with family members. In second place for outside support were new tenants, followed by long-time tenants of either sex. Those with the least outside

support were participants aged 75 years and more. Participants who lived alone had less inside and outside support than those who were married or living with a relative. Three participants also identified negative relationships with family members outside the building. These negative connections consisted of family members. None of the participants identified a negative connection inside the building.

I analyzed all ecomaps to understand more fully the types of connections established by participants. Although this provided some information about the types of connections present, not all relationships identified in the ecomap were described in detail. There are four types of connections described: feelings of security, casual, supportive, and friendship. The type of connection identified most often was casual interaction, followed closely by feelings of security, then support and friendship connections. One person identified no connections while discussing the ecomap, whereas 4 participants identified one connection, 8 identified two connections, 5 identified three connections, and only 1 person identified all four types of connection.

Although analysis of the ecomaps provides some information on the type of connections established, it is also interesting to note that the strength of connections participants identified varied according to whether the connections were inside or outside. For example, Charles identified on his ecomap that he had four people he could count on inside the building and three people outside the building; however, he identified only two types of connections during our discussion (security and casual). This seems to indicate that the seven people identified in the ecomap all provide connections of security and/or casual interaction. Lucy, however, identified two people she could count on outside the building but identified no connections

(interaction goals) during our interview. For Lucy, it seems that although she has people in her ecomap, these people do not fulfill any interaction goals.

Participant characteristics seemed to be associated with certain types of connections. For example, casual connections were identified most often by male new tenants who were married. Connections of security followed closely in second place and were generally identified by female new tenants who were living alone and aged less than 75 years. Supportive connections were most often identified by female long-time tenants who live alone and were less than 75 years of age. Friendships were identified mainly by married male long-time tenants aged over 75 years.

Summary

In this chapter, the study's findings derived from observation, participant-observation, interviews, a focus group discussion, and time spent in the setting were presented. The research questions addressed in this study were What is the meaning of social engagement for newly relocated older adults? What social context and environmental factors (including the residential environment) influence social engagement? What personal biological, psychological, and social factors influence social engagement? and What is the process of reconstituting social networks following relocation? The current study provides a better understanding of the meaning of social engagement and the reasons older adults engage to create relationships with other tenants in a senior-designated apartment building. Environmental and social context, as well as personal biological, psychological, and social factors permeated the findings. Seniors had specific interaction goals they wished to address. They sought connections that could provide feelings of security,

casual interaction, support, and friendship. The process of social engagement included two phases: receptiveness and involvement, and the factors of 'taking time' and 'being careful.' The outcome of the process was satisfaction with the established social connections. The findings were confirmed through a focus group discussion and a negative case that broadened the understanding of social engagement. In the next chapter, I will discuss the findings presented in this chapter.

CHAPTER 5

DISCUSSION

The findings of this study offer new insight into the concept of social engagement. I could identify no other research that addresses social engagement and that defines it and illuminates the factors that influence it, its process, and its outcomes in newly relocated older adults. In this chapter, I have provided a discussion of the findings based on the social engagement model from this study and the literature.

The Concept of Social Engagement

This current study provides insight into the concept of social engagement. Study participants communicate the meaning of social engagement to be seeking different types of connections such as casual, security, support and friendship to fulfil their current needs. The meaning of social engagement as articulated by the participants is congruent with the operational definition first presented in this study. Specifically, it explores and defines social engagement in the context of a senior-designated apartment building with adults over the age of 60 years. On the basis of these findings, social engagement is defined as a psychological thought process and a conscious behaviour that shapes all forms of social relationships by which social networks and social ties are derived.

Earlier research on social engagement was limited to a few conceptual definitions, enumeration of a small number of influential factors, and two types of social engagement (immediate household and larger community). These studies were limited, however, as they did not describe the meaning or the process of social

engagement for seniors newly relocated to a seniors' housing facility. In addition, the majority of past research was conducted with younger people who had physical and mental disabilities.

Researchers investigating social engagement, as described in Chapter 2, defined the concept at the centre of this study as initiating and being receptive to social interaction (Harwood et al., 2000; Kiely et al., 2000), and actively participating in activities (Bennett, 2002). It was known a priori to this study that certain factors, such as physical abilities (Kiely et al., 2000; Haan 1999), hearing and visual impairments (Haan, 1999; Zimmerman et al., 2003), comorbidity (Kiely et al., 2000; Harwood et al., 2000), and relocation (Kiely et al., 2000) could influence social engagement.

Harwood and colleagues (2000) have also distinguished two types of social engagement in older men: contact with people outside the immediate household and contact with the wider community. As well, Zimmerman and colleagues (2003) found that newer and larger facilities provided the most social activities. These researchers also described that women were more likely than men to be involved in group activities. Holton and Russell (1997) reported that anticipation was a strong factor in satisfaction and attitude. Although their study involved younger people prior to new employment, one can speculate that anticipation of social engagement would have an effect.

The present study is a first attempt to describe a model of social engagement, as no other studies were identified that generated a model of social engagement among newly relocated seniors. Although this is a preliminary depiction of such a

model, it accurately represents the findings from this current research, describing social engagement in older adults who have relocated to a senior-designated apartment building. Seniors' feelings of vulnerability result in the decision to relocate into a specific type of service-oriented apartment building, such as the one in this study. Once relocated, these feelings of vulnerability motivate seniors to seek specific types of connections. Older adults' engage in a process that enables them to create the sought-after connections. The process includes the phases of receptiveness and involvement with the influential factors of 'taking time' and 'being careful.' Finally, the outcome of the process is satisfaction with established social ties. The model incorporates influences from the community at large, and the environmental and social contexts, as well as biological-psychological-individual social factors.

A number of models identified in the literature addressed aging in an environmental context in a general way, but they do not inform the findings of this study, because they lack a specific focus on the concept of social engagement and the factors influencing it. Specifically, general theories of aging seldom consider the individual's gained experience through life events, changes in roles, and diminishing peer network. Furthermore, few of the general theories inform specific phenomena of interests, such as social engagement, or explain a process, such as the one in this present study.

For example, Lawton's ecological model of aging (Lawton, 1982; Lawton & Simon, 1968) was a predictive model of behaviour based on the person's competence in interacting with the environment. *Competence* included all aspects of the individual, whereas *environmental press* referred to all elements of the environment

(including physical and social). Competence was related to functionality of the individual (Lawton & Nahemow, 1973). The environment, according to Lawton's theory, was characterized as having positive or negative press, whereas the individual's competence neutralized the press. *Press* was defined as a stimulus that was present in the environment and that had the potential to affect the individual. The theory was therefore defined as the balance between environmental demands and individual capacities.

When applied to this current study, *competence* included factors influential to social engagement, such as biological health, which was defined as sensory and perceptual capacities, including hearing; motor skills, such as muscular strength; cognitive capacity, such as remembering others' names; finding one's way in the building; and ego strength. The degree of competence likely affected the individual's ability to seek connections and establish and maintain social engagement. Indeed, Lawton and Nahemow (1973) found that these abilities or factors reside within specific individuals and that they differ and vary over time.

Lawton and Nahemow (1973) defined the content of the environment as including the person, the interpersonal environment, the suprapersonal environment, the social environment, and the physical environment. According to their theory, all levels of environmental influence were possible. In fact, these two researchers stated that both the individual and the environment have a past, a present, and a future that must be regarded when considering the person-environment interaction. In the present study, features of the environment have all possible presses. For example, the friendliness of people in the building, along with the many organized activities, could

be considered a positive press, whereas the gossip by some seniors could be considered negative press.

When considering the proposed social engagement model presented in this current study with the ecological model of aging, older adults' thought processes and behaviours toward social interaction could be a result of individual competence and environmental demands (press). Potential demands and expectations from the environment to develop social relations might encourage or deter older adults' developing relationships based on their capacity to face these environmental demands. It is likely that individuals with high levels of competence acquired high levels of social engagement, because they could deal appropriately with the environmental expectations, and that the opposite would also occur. The environment therefore played a significant role in new tenants' social engagement. Although Lawton's model possibly explained part of the findings from this study, it does not provide the impetus to explain fully and illuminate social engagement.

Carstensen's socioemotional selectivity theory might also enlighten some of the findings in this study, particularly the meaning of social engagement. The selectivity theory posits that individuals choose to interact to maximize social and emotional gains while minimizing risks (Carstensen, 1991, 1992; Carstensen, Fung, et al., 2003). According to the theory, the selection of social network members is motivated by two factors: gains in knowledge and regulation of emotions (Carstensen, Isaacowitz, & Charles, 1999). Knowledge-gaining goals were usually set by young adults who wanted to acquire information about society as they prepare for their future. The theory posits that older adults or people who face time boundaries focus

mainly on the present and their emotional states (Carstensen & Mikels, 2005). Lockenhoff and Carstensen (2004) reported that when people perceive a time limitation to their life, there occurs a reorganization of goals, with priority given to emotionally gratifying social contacts.

The application of the socioemotional selectivity theory to this study might be useful in suggesting reasons for the goals of interaction set by study participants. For instance, seniors in this study might have chosen to develop certain types of connections based on their emotional needs (vulnerability) while all along trying to establish and maintain relationships that would maximize personal gains and demand less energy. The various types of connections were beneficial for different individuals' emotional needs. For example, according to the socioemotional selectivity theory, the need for feelings of security would motivate seniors to engage socially and form connections for the purpose of feeling safe and secure in a new environment. Furthermore, supportive and friendship connections can be viewed as a way of meeting individuals' emotional needs for closeness and camaraderie. Similarly, seniors who developed casual connections might have derived comfort from knowing that if they went to a social function, they would recognize familiar faces and would be able to sit with these people without any type of obligation.

Viewed through this lens, seniors in this study might have established relationships for their emotional well-being. However, study participants did not establish relationships for the purpose of social gains, such as help with a specific problem or heightened recognition in a social group. Instead, seniors focused on establishing connections that would benefit their immediate emotional state. The

Socioemotional selectivity theory might suggest reasons for seniors to seek connections, but the theory does not illuminate the concept of social engagement.

Although support exists in the literature for some of the components of the social engagement model, I identified no research that depicts the process of social engagement. In the following sections, I discuss in more details the components of the social engagement model.

The Process of Social Engagement

The process of social engagement has been ignored in past research studies despite its importance in the development of social ties and social networks. It was therefore important to clarify the process of social engagement in newly relocated older adults, as social aging has been believed to include engagement in one's social world (Bennett, 2002). Moreover, social engagement can be considered the prerequisite to relationships leading to social support. In this study, receptiveness, or an openness to meeting others, is a key factor for initiating the process of social engagement. Previous studies on social engagement or other social concepts, such as social integration and social networks, did not report the process by which people engaged.

The phase of receptiveness is characterized by the new tenants' desire to engage socially. Older adults in this study assessed their surroundings and considered how they could engage with others. A study by Achterberg and colleagues (2003) on social engagement and depression in newly admitted nursing home residents found that an obstacle in the responsiveness of residents to social stimuli was symptoms of depression (anxiety, loss of interest). The current study did not find depression to be

an influential factor, but I did not directly query participants for symptoms of depression. Furthermore, although not addressing older adults, a study on peer group entry in school-aged children revealed that even before new children arrived, conditions (unnamed) in the group had developed that would affect entry of the new children (Zarbatany & Pepper, 1996). The new children actually "read" the psychological state of the different groups and entered the one that seemed most approachable.

The findings from the current study highlight the intertwining of the community at large, the environmental and social context of The Manor, and the personal biopsychosocial factors uniting to influence the process of social engagement. Specifically, seniors must have the desire, the mental attitude, or, as discussed previously, the need to connect with others in the environment to be receptive to others in the milieu.

Second, to get involved, seniors need the social awareness required to feel comfortable meeting others while feeling that they meet the social expectations of the environment, such as proper clothing, remembering names, and not getting lost in the building. Remembering the names of other tenants poses a challenge for study participants. These participants did not verbalize or show other signs of cognitive impairment, except that meeting too many strangers at the same time resulted in their forgetting names. This finding was supported by Rendell, Castel, and Craik (2005), who also found that in older adults, one of the commonest complaints was remembering proper names of people they newly met. These researchers reported that

older adults were more likely to remember the occupations than the surnames of people they met.

Factors Influencing the Process

Before relocation as well as afterward, the seniors in this study were told by others to be careful about who they socialized with. These warnings came mostly from friends and strangers who knew about the move to a senior-designated apartment building. Afterward, a number of tenants advised newcomers to be careful about the people with whom they formed connections. These warnings created a sense of vulnerability while new tenants were contemplating engagement with others. Gossip was also mentioned during the discussion of 'being careful.' There was a perception on the part of most participants that cliques of seniors talked about other tenants in the building. As well, there was a general notion outside the senior-designated apartment building that apartment buildings like the one in this study have difficulties with groups of seniors that gossip. It is interesting to note that during my period of observation and participant-observation, I did not observe such activity of gossip. Although during certain social activities, some long-time tenants would ask who a certain new person was, they did not talk negatively about this person. Hagestad and Uhlenberg (2005) attribute such perceptions about features in age-segregated housing to ageism, which, in turn, might create isolation, passivity, and discontinuity in old age.

New Tenants' Feelings of Vulnerability

In the background of the social engagement model is seniors' vulnerability. Vulnerability can be described within an etic dimension as related to being "at risk"

or within an emic perspective as the person's perception that his or her self-integrity is threatened and that he or she does not have the capacity to respond to that threat (Spiers, 2005). In fact, vulnerability is experienced in the presence of a challenge but is seldom described by people as vulnerability (Spiers, 2005). Instead, people recognize and describe their levels of functioning as being threatened.

Prior to Relocation

In the context of this study, the majority of older adult's felt threatened by the challenge of staying in their current home and by the prospect of relocating. They were frequently challenged with relocation when the family home could no longer be maintained (Armer, 1996; Dupuis-Blanchard, 2004; Young, 1998). In fact, older adults are likely to encounter two peak periods of relocation: one at retirement and another in later life, especially following the death of a spouse (Davidhizar & Dowd, 1997). Participants in this study were no different. The majority of study participants relocated to The Manor to maintain their independence in light of their vulnerability to the effects of aging, specifically illness, chronic conditions, difficulty maintaining a single-dwelling home, and/or planning for future needs. Not wanting to become a burden on their children (Hollander Feldman & Oberlink, 2003), an acknowledgement of personal vulnerability, aided seniors with their decision to relocate (Cutchin, 2003; Young, 1998).

When asked, most seniors prefer to stay in their homes. Recently, the notion of "aging in place" has become a catchphrase (Cannuscio, Block, & Kawachi, 2003; Cutchin, 2003; Flesner, 2004; Gitlin, 2003; Sykes, 1993) that describes the powerful preference of older adults to stay put, that is, to live out their lives in familiar

surroundings. Feelings of vulnerability are also important when considering this latest trend of aging in place in caring for older adults. For aging in place to be a viable option, social connections with neighbours, family, and friends are essential (Hollander Feldman & Oberlink, 2003) for informal assistance. However, many seniors have unrealistic expectations about how well they manage on their own (Hollander Feldman & Oberlink, 2003) and, in the face of dependence, prefer not to ask for assistance.

As discussed earlier, relocation challenges older adults' social networks. In fact, most seniors who relocate have fewer and fewer contacts with their past communities, therefore obliging them to engage socially to form new relationships. Although aging in place seems to be the ideal solution to keeping social networks in place, among many other reasons, it might not be appropriate for everyone. Research findings (Cannuscio et al., 2003) have indicated that communities are becoming less supportive of seniors because their children are leaving the local community and people are looking out for themselves (era of individualism). With individualism, neighbours and other possible resources become unavailable, leaving seniors to care for themselves. Moreover, this population of seniors is often widowed, female, and living alone (Cannuscio et al., 2003). Although seniors currently are in better health and have fewer functional impairments than their counterparts did in the past, family members who still live in the seniors' community are assuming most of the informal care required. Home care is available to help but is not sufficient to satisfy all needs, especially the need for social involvement (Cannuscio et al., 2003).

Context of the Community at Large

The findings of the present study are influenced by the context in which it was undertaken. The context of the provincial housing program, along with the seniors' housing situation in the province of New Brunswick, is discussed in the following section.

Provincial Housing Program

Services and programs related to housing in the province of New Brunswick are managed by the Department of Family and Community Services, previously known as Housing New Brunswick. The programs offered through FCS are multiple; however, few people are aware of their existence. Likewise, Williams (2001) reported that many people had difficulties obtaining information on government services as well as accessing these services. When I met with a manager from FCS, she confirmed that few people knew about the different housing programs they offered. Moreover, few people in the community know how to communicate with and gain access to services at FCS. People in need of housing assistance must first search for the appropriate department and then find the telephone number for the service. These numbers are listed in the telephone book under Government of New Brunswick Services, but a person needs to know the name of the department concerned. Similarly, nongovernmental services are also available in the community to help seniors remain in their home, but access to these services is also problematic for seniors and their families.

Seniors' Housing

Seniors who seek alternative housing options in the city of Moncton and the province of New Brunswick do so in a disorganized fashion, as no organization oversees senior-designated apartment buildings options. Seniors needing to relocate have to go from building to building to verify availability, services offered, rental cost, and time on wait list. For that reason, they tend to go only to buildings that are familiar to them, as they might be unaware of others that are available. Many seniors and their families are unaware of new apartment buildings or older buildings that cater uniquely to older adults. This finding is consistent with past studies indicating that seniors and their families often make uninformed choices about seniors housing (Lough & Schank, 1996).

Relocation into a Senior-Designated Apartment Building

Because relocation threatens to disrupt social networks that must be rebuilt following relocation (Froland et al., 2000; Lawrence & Schiller Schigelone, 2002; Peace, Holland, & Kellaher, 2005), vulnerability is an issue. Following relocation, vulnerability is an experiential aspect of quality of life, personal integrity, and social identity (Spiers, 2005) that bring seniors to seek specific types of connections with people in their new surroundings. In this context, almost all new tenants in this study worked at establishing relationships with people in their new community. Influenced by their perceptions of threat and the extrapersonal determinants of the environment, such as the importance of social life at The Manor, study participants sought relationships that would alleviate personal threat and fulfill environmental norms. The setting or the culture of the senior-designated apartment building influenced social

engagement for new tenants. The culture provided an already-defined social world in which rules and customs were well established and in which new tenants needed to conform in order to "fit in."

Environmental and Social Factors

The findings of this study are embedded in the context of a number of factors. Two of these factors are described below: environmental and social factors.

Environmental factors. Although the building in which this study took place provides multiple services for seniors, it is an environment with certain characteristics that either facilitate or hinder social engagement. It must be recognized that the conditions of the environment transmitted normative symbolic messages, such as the need to take part in social activities (Thompson & Krause, 1998). The billboards filled with information on activities, the weekly newsletter, and the monthly activity calendar distributed to each apartment unit, as well as the large communal lounge hall, all raised social expectations (Percival, 2001). In addition, the presence of a full-time activities director increased the social demands to partake in the social life of the community. When considering the fact that a Victorian Order of Nurses (VON) nurse was employed on a part-time basis for health monitoring, illness prevention, and health promotion, and that a full-time activities director was on staff along with an assistant, the importance of social activities is evident.

Similar to all people in society, not all seniors in this building decided to take part in the social world, specifically the organized activities. For various reasons, some new tenants, as well as longer term ones, had decided not to take part in most social activities. Those who decided not to take part in social functions were often

misunderstood and considered different by seniors who were socially active. These people were often identified as loners or recluses, or were assigned other labels denoting their nonparticipation. Although neighbours or others in the building noted these tenants as nonsocial, they made few efforts to explore the reasons why they did not take part in social aspects of the community.

No formal system was in place to greet new tenants a few days after they had settled into their apartment unit and, for example, accompany them to their first social activity or simply introduce them to their neighbours. Management style could have an impact on how seniors are "welcomed." In the past, a committee made up of seniors from the building would greet new tenants a few days after they moved in; however, this committee was no longer active at the time of this study, and with management having most of the decisional power, the welcoming and follow-up of new tenants does not seem to be a priority.

The activity director, along with the Seniors Club, organize a new tenants' tea every 2 or 3 months, inviting all new tenants to come and meet other new tenants while learning more about the building. I took part, however, in participant-observation of this tea, and the activity does not seem conducive to social engagement. In fact, the session can be referred to as an orientation session rather than a welcoming activity. The tea takes place in a meeting room that echoes and features a long, narrow wood table, and new tenants sit on chairs on each side of the table. Although the activity director makes a good effort to have new tenants introduce themselves and talk among each other, an air of awkwardness around the table prevents this from happening. The tea lasted approximately an hour to 90

minutes and has a fixed agenda of explaining the different features of the building and the services offered. It is regrettable that no long-time tenants were invited to the tea, so that new and long-time tenants could introduce themselves. Along the same lines, although not involving seniors, Rogers (2000) did a study on interventions that facilitated socialization in children with autism and found that the most efficient means was peer involvement. When other children helped children with autism socialize, they were more responsive than when adults intervened. In the context of the current study, it would seem that the interaction between long-time and new tenants at the social tea would support socialization.

A significant finding of this current study is new tenants' description of confrontation with aging after relocation in a senior-designated apartment building. Although a few studies have reported such a finding, they have not explained the phenomenon in as much detail as is presented in the current study. For example, one study in a nursing home setting found that independent residents expressed more negative attitudes toward co-residents who were more dependent or disabled than they were (Iecovich & Lev-Ran, 2006). Furthermore, a study in a seniors' congregate housing facility that required all residents to have meals in a communal dining room reported that many seniors were unprepared for living with the mental and physical impairments of others (Young, 1998). Cutchin (2003) also reported that in his study in an adult day centre, some participants were bothered or troubled by spending time in the company of the more vulnerable. In fact, Iecovich and Lev-Ran concluded that a degree of ageism existed among older adults. Similarly, older adults felt anxious about their loss of self-identity and dignity when in the company of other seniors with

dementia (Corner & Bond, 2004). This is in line with the description of the term *possible selves*, which is defined as what an individual might become or is afraid of becoming (Dark-Freudeman, West, & Viverito, 2006). As well, Bowling, See-Tai, Ebrahim, Gabriel, and Solanki (2005) found that age-identity was related to perceived age rather than biological age. These researchers reported that seniors were reluctant to perceive themselves as old and based their assessment on physical health and functional status. Negative self-perception has been related to lower levels of education, various health problems, greater disability, poor vision, neuroticism, and sense of mastery (Jang, Poon, Kim, & Shin, 2004). Although these studies did not report directly on confrontation with age in a senior-designated apartment building, they do provide insight on the effects of age segregation and the notion of confrontation of aging.

New tenants are faced with the realities of aging every time they step out of their apartment. Before their relocation, most had recognized the effects of aging, but residing in a place where aging is constantly present demands some reflection and adjustment. In fact, even inside their apartment, grab bars inside the washroom remind tenants of the aging process. Controversies exist in studies about the effects of residential age homogeneity. Some researchers have recognized the benefits of having age-segregated housing for seniors with services to promote autonomy (Lawton, 1982; Schooler, 1969; Wiles, 2005), whereas others have described negative outcomes (Hagestad & Uhlenberg, 2005; Percival, 2001). There is no doubt of the benefits of senior-designated apartment buildings on seniors' well-being and identity

(Peace et al., 2005) as well as kinship (Cattell, 2005); however, the effect of age homogeneity must be recognized.

Social context. Researchers have studied the influence of the environment on physical and psychological health since the introduction of the concept of determinants of health (Thompson & Krause, 1998; Zimmerman et al., 2003). Specific environmental characteristics, such as the presence of organized social activities (Thompson & Krause, 1998; Zimmerman et al., 2003), the flow of movement in the facility (i.e., stairs, hallways), and fear of crime, were identified as influential to social ties (Thompson & Krause, 1998). In the current study, the simple fact that the main lobby did not provide a sitting area for residents to mingle and chat was regarded as an obstacle to social engagement, as many residents took the time to chat when getting their mail; not having any place to sit in this area meant that seniors did not stay very long. The size of the building also created difficulties for some new tenants. The structure of the building, with its many corridors, created a challenge for seniors when stepping out of their apartments and getting to where they wanted to go. Some new tenants did not even know where to find a certain lounge or how to get to the main lobby to get their mail.

A number of environmental characteristics did facilitate social engagement. The dining room was a very popular meeting place for new and long-time tenants alike. The fact that tenants could sit where and with whom they wanted provided them with the ability to meet different people at each meal. For new tenants, however, the first few times at the dining room could be challenging, as they did not know where to sit and did not want to take someone else's chair. The community liaison

person accompanied some new tenants to the dining room the first time, but for others this assistance was not offered.

The monthly activity calendar and the weekly newsletter also provided each tenant with the information necessary to take part in the various social offerings. As most tenants were in their 80s and verbalized not wanting to have the full responsibility of organizing social activities, the presence of an activity director with an assistant was essential for coordinating the number of activities required in such a large building. Likewise, Zimmerman and colleagues (2003) stated that older adults engage socially when activities are organized. The activity director worked in collaboration with seniors who wanted to help out but did not want all of the organizational responsibilities. During large social functions, however, the activity director was unable to manage all the chores without a group of senior volunteers.

The role of social inclusion is also pertinent to seniors' seeking connections in a new environment. The key foundations of social inclusion includes understanding, acceptance, and caring; however, what is deemed more important is how specific community members deal with and act on knowledge of an individual (Parr, Philo, & Burns, 2004). Specific to this present study, the form of housing seemed influential on individuals' involvement in the community (McConkey, Walsh-Gallagher, & Sinclair, 2005). Consequently, new tenants in this study were challenged with acceptance from others (inclusion) to pursue the establishment of connections. In the event that new tenants perceived that others did not accept them, there could be a risk of social isolation. Indicators of social isolation included living alone, having no contact with neighbours, never going out, and never visiting anyone (Wenger &

Burholt, 2003). Social isolation is also associated with losing close touch with neighbours, having visual and/or hearing impairments, deteriorating health (Wenger & Burholt, 2003), mental health issues, and social anxiety (Carstensen & Fremouw, 1988). In addition, social isolation has been shown to increase feelings of loneliness, particularly in older adults, and might lead to depressive symptoms (Alpass & Neville, 2003). However, caution is needed, as healthy, normally functioning older adults are at no greater risks for depression than other population groups (Roberts, Kaplan, Shema, & Strawbridge, 1997).

Biological-Psychological-Individual Social Factors

One factor influencing social engagement is sex. Many women and men in this study believed that men had more difficulty meeting other people than women did. Reasons given were that women were more social in nature and had always had more friends than men. Kawachi and Berkman (2001) reported that men and women's social ties differ and that men are usually more in need of support but might not receive the required amount. In this study, it seems that men identified more friendship connections than women did; however, women identified a number of supportive connections, whereas men did not identify any. Similarly, Bullers (2000) reported that women received more emotional support than men did but men reported more social ties than women. Similar to other research, although women in this study were more likely to be involved in supportive connections than men (Stoller, 1985), men were better at creating relationships with instrumental ties, whereas women developed more emotional ties (van Emmerik, 2005).

Loss of hearing is also a considerable factor influencing social engagement. Many participants identified that loss of hearing affected their social outings, because they could not properly understand what was being said. In previous research, hearing was a predictor of participation in social activities (Haan, 1999; Jang et al., 2003; Zimmerman et al., 2003). Also influencing social engagement are certain conditions such as arthritis or mobility impairments. These conditions make it more difficult for participants to stand or sit for long periods, for example during activities. In addition to these factors, Espwall and Olofsson (2002) reported that musculoskeletal disorders impair social integration.

Another factor, social awareness, is also significant in predicting seniors' social engagement. Those seniors with less experience relocating and developing social relationships have more difficulty in engaging socially in a new environment. Prior social interaction skills were a known influential factor for social integration (Hodges & Keller, 1999). In addition, personality was also seen as a determinant of how people responded socially (Switzer & Taylor, 1983).

It would be reasonable to consider that other factors might influence social engagement in this study. Although not mentioned by study participants, mental health, as well as other unnamed factors, might have influenced social engagement. Mental illness instills somewhat of a fear in people, resulting in reluctance to interact (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999).

Seeking Connections

Somewhat surprising in the present study is the fact that most seniors do not seek to develop connections that are meaningful ties or friendships but, rather, look

for other types of relationships that fulfill their personal needs or goals. It was surprising, as social aging has implied the development of relationships with others (Bennett, 2002) and because a number of studies in gerontology (Aartsen, van Tilburg, Smits, & Knipscheer, 2004; Buys, 2001; Jerrome & Wenger, 1999) regrouped all types of relationships under the global term *friendship*, thus creating an expectation that all seniors develop friendship connections.

Although relationships with others were established in this present study, many were deemed more superficial than friendship based. It is known from other research that close social contacts increase opportunities for social relationships and friendship formation (Lawton & Simon, 1968); however, few researchers have dissected the term *friendship*. In fact, when participants in this study were asked if they had made friends, most answered "yes" but then corrected themselves when I asked whether they meant friends or acquaintances. The creation of friendship connections was not in the total control of older adults but was shaped by the situation and/or context (Buys, 2001). Furthermore, the type of relationships older adults form plays a task-specific role (Dono et al., 1979; Mesch & Manor, 1998). It is also of significance that as people grow older, they have fewer friends (Jerrome & Wenger, 1999), partly because of changes outside the relationship, such as illness or death. Jerrome and Wenger concluded that many people in their study chose social engagement by making new friends but that the majority of older people were content with more restricted lives.

Casual types of relationships were most frequently identified by new and long-time tenants in this study. These relationships are characterized by seniors'

visiting others outside of their apartments, not wanting close contact with others, and being very social in nature. Although these connections were mainly casual, they did provide some social interaction with the potential of their developing into resources within the older adults' social network. With this type of connection, seniors receive the emotional reward of social comfort without having to commit to something. Casual relationships among seniors, however, have seldom been identified by researchers. This is likely due to the fact that most social relationships are grouped together within the term *friendship*.

Also specific to casual relationships is the clear mention by participants that they do not visit in one another's apartment units. Many of the participants explained that inviting someone inside your apartment is only for close friends. Being invited into someone else's apartment seemed to signify that the connection is much more intense than just casual. Study participants simply explained that rather than inviting someone to their apartment for a "one-on-one" connection, they meet in the common lounge. There almost seemed to be a symbolic importance to tenants' apartment doors (Percival, 2001), which created a barrier between their personal life and their social life. In fact, participants' apartment units became the only place they could control and personalize (Caouette, 2005) in the context of high-density living. The door also provides privacy and a strategy to protect oneself from friends and neighbours (Forssen & Carlstedt, 2006). In fact, in choosing high-density living, which fosters sociability, there is a potential for lack of privacy (Switzer & Taylor, 1983). To want the comfort of having others in close proximity creates a paradox: The presence of

others provides connections for security as well as support but, at the same time, these same people can drop by unannounced and interrupt one's privacy.

Connections for security are the second most commonly identified type of relationship developed by older adults. This type of connection is described by participants as a feeling of comfort in knowing that other people are present should the need for help arise. Other studies have also identified the importance of feelings of security after seniors have relocated (Boneham & Sixsmith, 2006; Gardner, Browning, & Kendig, 2005). In addition, some of the tenants who had been in the building for more than 2 years had developed connections for security, which they referred to as "buddy systems," informal systems of checking on one another to make certain that all was well. Buddy systems, whereby neighbours check on one another, reinforce a sense of security and communal assistance (Lawrence & Schiller Schigelone, 2002). Although the building has many security features, such as secure entry and the option of the Lifeline service, as well as the availability of staff, the need to be independent and to look after personal issues seems to motivate participants in this study to develop connections that provided a sense of security.

An interesting dimension to connections for security is that these connections were established with people the participants barely knew, some whom they hardly ever see; nevertheless, these people were available to them in case of need. Therefore, the notion of anticipated support through connections of security is a significant finding of this study. Of particular interest is new tenants' feeling of security in simply knowing that other people are available in case of illness or emergency. Some new tenants in this study did not identify a particular person on whom they could call

but, rather, referred to others', such as a neighbour, being accessible. Feelings of security, therefore, develop primarily with people in close proximity. Participants often described a neighbour as a person they see in the hallway and say hello to, and with whom a feeling of security develops. Simply knowing that they are not alone physically seems to provide comfort and security. Connection with neighbours might not be strong, but physical access promotes the development of relationships (Mesch & Manor, 1998).

The notion of anticipated support, or the belief that others will provide help should the need arise, is a dimension of support that has often been overlooked (Krause, 1997). In fact, little is known about how feelings of anticipated support develop (Thompson & Krause, 1998). Because older adults value their independence, anticipated support provides a reduced feeling of burden because of the knowledge that assistance is available if needed. Anticipated support might promote individual coping efforts, enhance functioning with others, and help the individual to maintain a sense of hope (Krause, 1997). Older adults often count on neighbours for this type of support (Shaw, 2005). In fact, seniors who live with others were more likely to get assistance because of the proximity of co-residents (Thompson & Krause, 1998). In the present study, however, participants identified seniors other than those living next to them. Seniors have more time available to develop this type of connection, and they tend to access support from neighbours more often than younger adults do. In fact, friends of community-dwelling seniors, and not members of the family, as is often believed, were the principal source of support for some seniors (Hwang, Lin, Tung, & Wu, 2006; Pinquart & Sorensen, 2001). Seniors derive important health

benefits from anticipated support from neighbours, and older adults are more likely to perceive high levels of support from neighbours (Shaw, 2005). This type of connection provides seniors with a sense of security about being able to address future illness or injury.

For new tenants, connections that afforded support and friendship were both identified equally. Of interest in the current study is the notion of generalized reciprocity within supportive connections. In the social support literature, reciprocity is a characteristic of social support (Neufeld & Harrison, 1995). In this study, however, seniors who received support, as well as those who gave it, did not identify the need to reciprocate with one another. Consequently, relationships with acquaintances, which were generally not intimate, resisted strong normative pressures, such as the need for reciprocity with one another (Klein Ikkink & van Tilburg, 1999). Moreover, people who provided the type of help that one day they might require might do so without expectation of reciprocity from the person they assisted (Nye, 1979). This seems to represent the notion of a "support bank," defined as people maintaining an account of their relationships with others in term of the give-and-take of exchange (Antonucci & Jackson, 1990). The notion of negotiated reciprocity, an agreement on the terms of exchange (Molm, 2003), indicates that seniors knew they could ask for help from those living in close proximity (Boneham & Sixsmith, 2006), and this counteracted the imbalance of power in the supportive connection. In a setting like the one is this study, the agreement of terms for reciprocity was an unspoken rule of the environmental context. In fact, the only uncertainty involved was the magnitude of what the person may receive from others

(Molm, 2003). It is also known that more seniors provide help than receive it (Stoller, 1985).

Participants in the current study explained that they might receive help from one person but give back to another when appropriate. Similarly, Neufeld and Harrison (1998) identified generalized reciprocity, the return of assistance to a person other than the original giver (Gouldner, 1960) among family caregivers. Gouldner posited that reciprocity is a moral norm, whereby one feels obligated to return what is received. The literature on social support widely recognizes the importance of reciprocity in relationships. In the older adult population who live in a group setting, however, generalized reciprocity seems to be prevalent (Blau, 1967; Klein Ikkink & van Tilburg, 1998; Lawrence & Schiller Schigelone, 2002). For example, Lawrence and Schiller Schigelone have described empathic assistance between older adults as assistance in which the helper does not receive in return. Moreover, these researchers explained that although reciprocity usually occurs between two individuals, in the context of living with others, reciprocity becomes a group process. On the other hand, Klein Ikkink and van Tilburg (1998) found that after a certain time, older neighbours tended to reciprocate less frequently in an unbalanced relationship than in relationships that were balanced in their give and take, such as those with close kin.

Also of interest are connections with others for friendship. Most new tenants who identified friendship connections did so as a result of having a single person whom they identified as a friend. For long-time tenants, friendship connections were identified more frequently than supportive relationships. Very few of the study participants identified a large network of friends. Friends inside the building were

limited to a few (maximum of three) individuals. Participants who identified friendships outside the senior-designated apartment building maintained contact mostly by telephone rather than face-to-face. The telephone was recognized as providing a means of maintaining social ties (Buys, 2001; Licoppe & Smoreda, 2005). Findings seem to indicate that new tenants had more outside connections but with time seemed to scale back on them in favour of connections inside the senior-designated apartment building. Similarly, Buys found that visits from community friends were less frequent than with co-resident friends. Although not specific to older adults, an interesting study on social integration among jail inmates revealed that inmates tried to limit social relationships from the outside because they were painful reminders of what was left behind (Lindquist, 2000). One cannot help but ponder if older adults limit their outside connections for similar reasons; however, distance as a result of relocation was likely to jeopardize the maintenance of outside relationships with past neighbours and friends (Mesch & Manor, 1998).

As well, friends are identified as living on other floors of the building and not necessarily in geographical proximity to the study participant. Although proximity has been found to be a determinant in choice of friends (Lawton & Simon, 1968), in this study, location within the building did not seem important. This might be due to the fact that most seniors socialize during activities in Rose Hall, and they socialize with other tenants without acknowledging the location of their apartment unit in the building. As well, all units in the building were relatively easy to access.

The social support literature can also provide some perspective on the different types of relationships that older adults in the present study sought to

develop. Indeed, different relationships have different roles that, when the social support lens is applied to the current study, explain the reasoning behind the development of the different connections (Sarason, Pierce, & Sarason, 1990). In fact, the different types of relationships developed in the current study could be viewed as having the potential to provide different types of social support. This could signify that based on new tenants' needs, they sought connections that would likely provide the type of support needed.

With age, the nature of social contacts changed and became more fluid, with fewer obligations (Haan, 1999). Indeed, the ecomap instrument used in this study identifies an average of two connections per participants. These connections were not always with people in the participant's informal social network, as some mentioned the 9-1-1 emergency system as a connection. Two connections seem to represent very few relationships in the network of these participants. Nonetheless, new social ties were developed with people with whom there was some sense of comfort and trust, and with whom one chose to interact (MacQueen et al., 2001). Few seniors identified problematic connections on their ecomap. This finding is in accordance with the findings of a study by Fingerman, Hay, and Birditt (2004), who reported that older adults identified more close relationships than ambivalent ones and that the latter, when identified, tended to be with family members.

Outcome of the Process of Social Engagement

The outcome of the social engagement model is seniors' satisfaction with social ties. This satisfaction stems from their goal to have certain types of interaction fulfilled. In this study, all seniors indicated being satisfied with their current social

ties. This is not surprising, as the goal of the present inquiry was to study social engagement and not disengagement. Indeed, Portes (1998) has referred to this phenomenon as a sociological bias, meaning that good things usually emerge out of positively themed social studies (Portes, 1998).

Although researchers have identified different types of social networks, no studies seem to identify the type of networks identified in this study of older adults residing in a senior-designated apartment building. For example, Fudge et al. (1997) identified different types of support networks, namely diverse networks that were large and had many types of members; semidiverse, which have fewer members; and kin focused, which were small and limited to family members. In addition, social ties that were deemed close limited exposure to new types of information, whereas diverse social networks created important linkages to wider sources of information (Granovetter, 1973). Others, such as Litwin (1998), have described network types as diversified, friend and neighbour, narrow family focused, religious, and attenuated. Still others have identified networks as locally integrated, wider-community, local self-contained, local family dependent, and private restricted (Wenger, 1990, 1991, 1997). The present study provides an understanding of the different types of relationships new tenants of a senior-designated apartment building establish as a result of social engagement, thereby differentiating the general term *friendship* and creating a new typology.

If we wish to understand the outcome of social engagement more fully, the literature on social capital can offer some assistance. In recent years, the concept of social capital has been discussed widely; however, the concept remains fluid and

lacks a precise definition (Bates & Davis, 2004). *Social capital* originated in the fields of sociology and political science (Lochner, Kawachi, & Kennedy, 1999) and was defined as the ability of people to benefit by virtue of belonging to social networks (Portes, 1998). Szreter and Woolcock (2004) have defined social capital simply as the nature and extent of a person's social relationships. The product of such relationships might be viewed as social capital (Coleman, 1988; Szreter & Woolcock, 2004).

When the concept of social capital is applied to the outcome of the current study, it could be understood that seniors' satisfaction with their social ties results from the benefits that these relationships with others provide. For example, casual interactions provide comfort in knowing that a familiar face will be at the social function but, more important, will also make new tenants feel more at ease. Of particular interest for this study is the fact that social capital has also been described as people purposefully establishing relationships and continuing these relations as long as they provided some benefits (Coleman, 1988). As such, the relationships that developed among the current study participants met the interaction goals set prior to their seeking relationships with others and therefore provided a feeling of satisfaction. These relationships continued as long as new tenants benefited from them.

Bounded solidarity means that people who are in similar situations often support and identify with each other (Portes, 1998; Szreter & Woolcock, 2004). Bonding social capital refers to the horizontal relationships people develop with other people who are similar in terms of their social identity (Poortinga, 2006; Szreter & Woolcock, 2004). In the current study, seniors living at The Manor could consider

themselves similar to others living in this building and therefore sought to develop different types of relationships that would satisfy their interaction goals. Viewed through the social capital lens, seniors' creation of relationships with other seniors in the building could establish relationships conducive to social networks, which, in turn, have the potential to benefit all individuals involved.

Satisfaction with one's current social ties might, however, deter seniors from developing social ties with other people, as a lack of social ties facilitates individual mobility to establish connections (Granovetter, 1973; Portes, 1998). In this study, therefore, seniors who state being satisfied with their social ties might not take the initiative to develop relationships with other seniors in the building.

There are multiple meanings of being satisfied with one's social ties. Although study participants did not state it directly, it seems that satisfaction with social relations results in feelings of accomplishment, diminished vulnerability, and a sense of community. In the context of social capital, three basic functions of social relationships are providing sources of social control, family support, and benefits through other networks (Portes, 1998). Leaving a community is known to destroy established bonds, thus depriving individuals of sources of social capital (Portes, 1998). In fact, measures of social capital include such criteria as neighbourhood interaction, volunteer activities, informal interaction outside of the neighbourhood, network size and diversity, network closeness and use, and issues of trust in other residents (Rohe, 2004). Rohe developed a social capital model that linked civic engagement, social networks, interpersonal trust, effective collective action, and individual and social benefits. When applied to the current study, Rohe's model

predicts that new tenants' satisfaction with established social ties will lead them to having trust in others living in The Manor and to feeling that they can work collectively to improve individual and group life in the building.

Although the concept of social capital supports some of the findings in this study, it must also be noted that the concept has become a catch-all for various social phenomena (Poortinga, 2006). Also noteworthy is that the benefits of social capital do not automatically apply to all people. A key factor with social capital is that individuals must be able to engage with others in a trusting manner (Poortinga, 2006). The current study can confirm that the outcome of the process of social engagement was satisfaction with social ties, but the issue of trust between individuals remains unexplored for the moment.

CHAPTER 6

CONCLUSION

Social ties and social networks are recognized as important determinants of health, as they are potential sources of social support. Social engagement is a required component of reconstituting these networks. On the basis of the findings in this study, social engagement is described as a psychological thought process and a conscious behaviour that shapes all forms of social relationships.

The culture of the setting is a major influence on social engagement in this study. For new tenants of the chosen senior-designated apartment building, social engagement is initiated to attenuate vulnerability and attain personal goals. The four types of connections created were connections for security, casual interaction, support, and friendship. Despite popular beliefs about friendship relationships, the majority of older adults in this study sought not friendships but, rather, other types of relationships that fulfilled their needs.

Influencing social engagement were the community at large, the environmental and social context of the housing community, and personal biological, psychological, and social factors. The process of social engagement, characterized by the two phases of receptiveness and involvement, was described by participants as nonlinear. Participants described the process by stating that it took place over time and that seniors needed to be careful about who they engaged with socially. The outcome of the process was the establishment of and satisfaction with social ties. Most new tenants who took part in this study mentioned coming face to face with the realities of aging.

With previous studies' being primarily quantitative and focusing on related concepts, it was warranted that a study to illuminate the concept of social engagement in independent older adults be conducted. The knowledge put forth by this study will facilitate scholars' more complete understanding of the concept of social engagement and, through ethnographic methods, will explicate environmental factors influencing the concept. Implications for nursing theory, practice, and research have been presented, and considering the significance of the proposed model of social engagement on concept development, further research to expand theoretical understanding is needed.

Implications for Nursing Theory, Practice, and Research

This focused ethnographic study provides a better understanding of the relationships seniors develop in a new community as a result of the process of social engagement. Specifically, this study highlights the influence of the culture of a given community on the health of its members. The culture, or behaviour and beliefs, of the community in this current study clearly set the stage for the manner in which new tenants carry out social engagement. The social engagement model generated in this study depicts the meaning of social engagement along with the process of social engagement and outcome that has not been portrayed in such detail before.

It is common for seniors, as well as professionals and scholars, to refer to friendship connections as a broad term, but few, if any, studies have depicted the types of relationship evident in this study. The types of relationship seniors develop during advanced age are different from those sought during younger years. Seniors in

this study developed relationships that fulfilled goals for security, casual/social interaction, support, and, at the end of the list, friendships.

The impact of the concept of confrontation with aging found in this study on health, wellness, and quality of life is significant. I located few studies in which confrontation with aging was described in a similar fashion to that of the current study. It is important, as various agencies and government programs and services tend to develop housing and care options that gather similar age groups together. For example, long-term care facilities tend to house older adults with similar characteristics together, such as in specialized units. The impact of homogenous housing for seniors needs to be investigated more specifically to explore seniors' perceptions of and requests for such housing. There also needs to be a consideration of the different categories of older adults within this population; for example, the young older adult versus the old older adult.

Findings from the present study also enlighten nursing practice, specifically gerontological nursing. Nurses must recognize and familiarize themselves with the transitions and processes of normal, healthy aging, including relocation into settings other than nursing homes and/or long-term care facilities. This study recognizes the process of social engagement in newly relocated older adults. The social engagement model informs nurses of the influence of the community at large and the environmental and social contexts on older adults' lives, along with the vulnerability this population might experience during transitions. The model also provides nurses with greater understanding of the process of social engagement, which might lead to their facilitating relationships important for social support.

Nurses working in various situations often come in contact with older clients who have relocated or are planning to do so. It is the nurse's role to explore issues such as relocation, social engagement, and past experiences that could facilitate or hinder the experience for older adults. Nurses should also assess clients' social skills to promote a positive outcome. Community health nurses visiting older clients who have recently relocated should take the opportunity to explore the various facets of relocation and social engagement. Nurses also have a role to play in informing seniors and their families about the various options offered in the community when maintaining the family home is no longer possible. In addition, nurses can educate seniors about the services/options available to them in various housing options.

The social engagement model also informs management and staff at The Manor on how newly relocated older adults establish relationships. More important, this study illuminates the types of relationships new tenants in a senior-designated apartment building want to establish. The findings from this study show the importance of having post-relocation check-ins with new tenants to support the process of social engagement.

Nurses must also play a role in the development of policies related to housing for older adults. The "buzz" at present is the notion of "aging in place." Older adults and their families believe that aging in place is an advantage; however, community resources are presently not in place to allow this to happen. If aging in place is not possible at the home of the senior, then perhaps the concept has also to embrace senior-designated apartment buildings like the one in this study. Buildings that offer a convenience store, bank, pharmacy, dining room, activity director, and at-the-door

public transit are few. If policy makers want to promote aging in place, nurses will need to promote additional services in the home and in senior-designated apartment buildings to promote independence, well-being, and stable social networks.

Nurses must also promote the benefits of health promotion and disease prevention for older adults. The findings from this study inform nurses about the possible challenges to social engagement and the risk for social isolation after relocation. Preventing relocation difficulties begins before relocation with education and open communication between health professionals, older adults, and their families. Health promotion programs in the province of New Brunswick focus primarily on young families with children. Very few programs provide information and education on issues relevant to older adults. Nurses play a vital role in the health and well-being of today's older adults, as well as future groups of seniors, who will likely demand more services and housing options than the present generation.

Future Research

This study provides impetus for additional research. The social engagement model presented here needs further development to be valuable to the research community. The process of social engagement could be further explored with seniors living in a different senior-designated apartment building (for example, francophone seniors, a smaller building, rural versus urban) to examine for variation. Specifically, seniors from different cultural origins would likely contribute to the further development of the social engagement model. In addition, a replication of the present study in a community with different characteristics such as a different model of housing for older adults is recommended. To describe every component of the model

in more detail, researchers could also focus on seniors' experience prior to relocation and also on seniors who move out of the senior-designated apartment building. According to statistics obtained from The Manor, in 2005, 30 seniors moved out of the building. Reasons given for moving out were health reasons (18), nursing home admission (2), moving in with family (2), moving out of province (1), no reason (3), death (2) and unknown (2).

The notion of confrontation with aging also needs to be explored in more depth. With seniors choosing to live in proximity with other seniors their age, this notion of confrontation with aging might have more influence on older adults' lives than previously believed. Few studies have reported such findings; therefore, it would be worth investigating this phenomenon further.

The limited number of people in the social network of study participants indicated on the ecomap should be explored further in other research. Do results of the ecomaps suggest a change in social network participants over time? Are these changes related to levels of anticipated support? Are there specific considerations in using ecomaps with older adults?

I also recommend that future research on topics pertinent to healthy aging be pursued. Although research on various health problems is needed, research on healthy aging is also warranted with the number of older adults constantly increasing. Nurses have a vital role to play in maintaining well-being and promoting healthy aging.

Strengths and Limitations

The findings of this focused ethnographic study have provided a better understanding of the concept of social engagement in newly relocated older adults.

Previous studies on social engagement had focused on other settings and different populations, often combined with other terms such as social inclusion and social integration.

The time I spent in the field contributed to an understanding of The Manor's culture and the process of social engagement. Describing the process of social engagement as including the phases of receptiveness and involvement provides new light into the concept. The types of connections established by new tenants of a senior-designated apartment building as a result of the process of social engagement differentiate the general term *friendship*, often used in the literature and by seniors themselves to describe various relationships. In addition, this study provides new insight into the realities of the context of living in an age-segregated setting. Participants' personal confrontation with aging in the environment of a senior-designated apartment building is important given the popularity of this type of housing.

The various data collection methods used in this study, such as observation, participant-observation, interviews, ecomaps, demographic data, retrieval of documents, and a focus group discussion, also allowed me to collect the richest possible data. Furthermore, collection and analysis occurred over a period of time, which contributed to a holistic view of the phenomenon of social engagement.

While recognizing these strengths, I acknowledged that this study also has limitations. The study sample was homogeneous as study participants were female and Caucasian. Although a variety of recruitment strategies were employed, word of mouth and posters on bulletin boards and in the elevators were the most successful

strategies. It is recognized that not all seniors are attracted to calling a name and number listed on a poster. It is therefore possible that certain types of older adult were more interested in taking part in the study than others, especially those who seldom socialized. In addition, the type of housing in this study might attract older adults who want to socialize and make friends (Buys, 2001), therefore contributing to the characteristics of study participants.

Another limitation of the study is the difficulties encountered with filling out the ecomap. Although I explained clearly the type of information sought, many participants had difficulty naming people in their networks. I also noticed that some study participants excluded family members from the ecomap, perhaps interpreting the task as excluding family. It is unclear if this difficulty stemmed from a lack of people to name or simply their not wanting to leave anyone out to spare feelings. The ecomap is a very useful data collection tool (Wright & Leahey, 2000); however, seniors in this study seemed somewhat hesitant to identify people with whom they socialized or whom they could count on.

New tenants were also difficult to recruit. With the present study criteria, only 8 study participants counted as new tenants, having lived at The Manor for 2 years or less. I strongly believe that the cut-off point for being a "new" tenant might have been changed to 4 years, given the richness of the data provided by long-time tenants who spoke about their experiences. Twelve participants had moved in 4 years or less prior to the present study.

Lessons Learned

This study was extremely pleasant to conduct. Although many long hours were needed to develop a solid research plan, the interaction between the individuals, the community, and me provided such rich findings that I felt energized. In fact, I find it unimaginable to contemplate future research without considering the importance of environmental and cultural factors previously unaccounted for in other research methods. My presence in the milieu before conducting interviews provided much insight into the activities of the people in the building. It was also important to keep frequent contacts with key staff such as secretaries, the activity director, and the community liaison person to keep them abreast of my continued presence in the building. These key individuals provided pertinent information about changes in the building, planned activities, and future plans about which I wanted to be informed. Furthermore, actively taking part in organized social activities, such as offering coffee and deserts to tables of seniors, allowed me to get to know the tenants and for them to get to know me.

Somewhat of a challenge in this study was filtering the amount of relevant data from the various data collection strategies. I often needed to remind myself to focus on the research questions pertinent to the present study. As well, the use of the qualitative software N6 (QSR, 2004) for the first time was a challenge for me, although my future uses will be enhanced based on this first experience and new knowledge of possible functions. It is very important to have access to resources able to assist new researchers in using such software.

The most important lesson learned, however, is the pertinence of doing research on "normal" phenomena of aging. Relocation and social networks seem like such normal aspects of aging on the surface, but when questioned and investigated, they become important pieces of how older adults live their lives to the fullest. In fact, one research study can reveal so many aspects of people's lives that researchers must recognize how privileged they are to be invited to share these experiences. An older adult sharing her/his life experiences with a stranger, in hope of helping others who experience the same occurrences…what a privilege!

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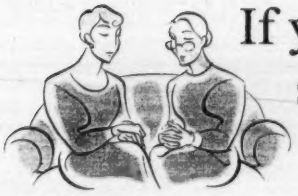
Appendix A: Recruitment Poster

UNIVERSITY OF ALBERTA

Research Project:

Living in this Community

Have you been living here for less than 2 years? I would like to hear your story about what it is like to live in this community.



If you are interested in this nursing study, please call Suzanne Dupuis-Blanchard at xxx-xxxx.

Suzanne Dupuis-Blanchard xxx-xxxx (nursing study)
Suzanne Dupuis-Blanchard xxx-xxxx (nursing study)
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Appendix B: Announcements in Monthly Newsletter

A) Announcement in The Manor Monthly Newsletter about Observation

For a nursing study, Suzanne Dupuis-Blanchard will be in the building observing different activities from April 11th to May 6th, 2005. She wants to know what it is like to live in this community. If you have any questions or concerns, you can contact the management office at xxx-xxxx.

B) Announcement in The Manor Monthly Newsletter about Recruitment

Suzanne Dupuis-Blanchard would like to hear about your move to The Manor and what it is like to live in this community? If you are interested in this nursing study, please contact Suzanne Dupuis-Blanchard at xxx-xxxx.

Appendix C: Information Sheet for Interviews

Information Sheet for Older Adult's Engagement with Others

Study Title: Social engagement in newly relocated older adults

Principal investigator: Suzanne Dupuis-Blanchard, PhD(c), Faculty of Nursing, University of Alberta, local phone number: (506) xxx-xxxx; Email: xxx@xxxxxxxxx

Supervisors: Dr. Anne Neufeld and Dr. Vicki Strang, professors, Faculty of Nursing, University of Alberta, telephone number: (780) xxx-xxxx.

Study purpose: The purpose of the study is to talk to older adults about living in their community. I want to talk to seniors who have moved to The Manor in the last 2 years. I also want to talk to those seniors who have been living at The Manor for a longer period.

Study procedures: You can choose the time and place when I will come to talk with you. The interview will last 1 to 1.5 hours. You will be asked to talk about what it was like for you to move to The Manor and what it is like to live in this community? You will be asked about things that were helpful or not helpful in getting to know others. You will also be asked about the people you feel close to.

You will be asked if you wish to suggest another person living at The Manor who you think I should talk with.

I will ask some people if I can talk to them a second time. They will be asked questions to help me better understand how seniors get involved with others in activities. Near the end of the study, I will ask some people if they would be willing to talk in a group with other older adults about moving to a new place.

The talk with you will be recorded on tape. The information on the tapes will be typed out. At the end of the study, the typed out copies and the tape recordings will be kept for at least 5 years. Your consent to take part in the study will also be kept for at least 5 years. Both the copies and tape recordings will be stored by Suzanne Dupuis-Blanchard in a locked file cabinet. Your consent will be stored separately from the information

given to me. If the information is looked at again, the researcher will first ask an ethics review committee. The written interview will be reviewed only by Suzanne Dupuis-Blanchard, her supervisors and a transcriber. Your name and any information that may identify you will never be used in any presentations or publications of study results.

Study participation: You do not have to be in this study if you do not wish to be. You may refuse to answer any questions. You may leave the study at any time by telling the researcher. Being in the study or dropping out will not change any services you receive. No one at The Manor will know what was discussed.

This study will provide no direct benefits to you. Following the completion of this study, it is possible that your contributions to this study may provide help to others who are getting involved with others after a move. I do not expect that you will be harmed by being in the study. Sometimes talking about your story can upset you or can make you think about things you have not dealt with. I will talk to you about this if it happens and help you to find the help that you need.

You should know that all information will be held confidential except when professional legislation or the law requires reporting. If you tell me anything about abuse of someone under 18 years of age or about abuse of an elder, I will talk with you about this. I need to tell the Department of Health and Wellness.

If you have any questions or would like to take part in the study, you can phone Suzanne Dupuis-Blanchard at xxx-xxxx.

Additional contact: If you have concerns, you can call the Dr Kathy Kovacs Burns, Director of Research at the Faculty of Nursing, University of Alberta at (780) xxx-xxxx or the Dean of the School of Nursing at the Université de Moncton at xxx-xxxx. These contacts are not part of this study.

Study findings: If you want a summary of the results, please let me know at the end of the interview or by calling me at xxx-xxxx and leaving your name, mailing address and postal code.

Appendix D: Information Sheet for Focus Group

Information Sheet for Focus Group on Older Adult's Engagement with Others

Study Title: Social engagement in newly relocated older adults

Principal investigator: Suzanne Dupuis-Blanchard, PhD(c), Faculty of Nursing, University of Alberta, local phone number: (506) xxx-xxxx; Email: xxx@xxxxxxxxx

Supervisors: Dr Anne Neufeld and Dr Vicki Strang, professors, Faculty of Nursing, University of Alberta, telephone number: (780) xxx-xxxx.

Study purpose: The purpose of the study is to talk to older adults about living in their community. I want to talk to seniors who have moved to The Manor in the past 2 years. I also want to talk with seniors who have been living at The Manor for a longer period.

Study procedures: You will be asked to share your story in a group setting with other older adults during a specified session lasting approximately 1.5 hours to 2 hours. The topic of the discussion will be related to how you got involved with others after a move. You will be told well ahead of time about the date, time and place of the group meeting.

The talk with the group will be recorded on tape. The information on the tapes will be typed out. At the end of the study, the typed out copies and the tape recordings will be kept for at least 5 years. Your consent to take part in the study will also be kept for at least 5 years. Both the copies and tape recordings will be stored by Suzanne Dupuis-Blanchard in a locked file cabinet. Your consent will be stored separately from the information given to me. If the information is looked at again, the researcher will first ask an ethics review committee. The written interview will be reviewed only by Suzanne Dupuis-Blanchard, her supervisors and a transcriber.

The results of this study may be published or presented at conferences. Your name and any information that may identify you will not be included.

Study participation: You do not have to be in this study if you do not wish to be. You may refuse to answer any questions. You may leave the study at any time by telling the researcher. Being in the study or dropping out will not change any services you receive.

This study will provide no direct benefits to you. You will learn what it is like for other older adults to get involved with others in activities and your participation may help others with engaging with others after a move. I do not expect that you will be harmed by being in the study. Sometimes talking about your story can upset you or can make you think about things you have not dealt with. I will talk to you about this if it happens and help you to find the help that you need.

Before the group discussion begins, I will remind the group that what is said needs to remain confidential. If there is something you would not like to be discussed or known, please do not feel any pressure to share it with the group. However due to this, complete confidentiality cannot be guaranteed in focus groups.

You should also know that all information will be held confidential except when professional legislation or the law requires reporting. If you tell me anything about abuse of someone under 18 years of age or about abuse of an elder, I will talk with you about this. I need to tell the Department of Health and Wellness.

If you have any questions you can phone Suzanne Dupuis-Blanchard at xxx-xxxx.

Additional contact: If you have concerns, you can call Dr. Kathy Kovacs Burns, Director of Research at the Faculty of Nursing, University of Alberta at (780) xxx-xxxx or the Dean of the School of Nursing at the Université de Moncton at xxx-xxxx. These contacts are not part of this study.

Study findings: If you want a summary of the results, please let me know at the end of the interview or by calling me at xxx-xxxx and leaving your name, mailing address and postal code.

Appendix E: Notification Poster for Participant Observation

UNIVERSITY OF ALBERTA

Research Project:

Living in this community…

For a nursing study, Suzanne Dupuis-Blanchard will be doing some observation in the building from April 11th to May 6th, 2005. She wants to understand what it is like to live in this community. In a few weeks she will begin talking with some of the residents.

If you have any concerns, you can contact the management office at xxx-xxxx.

Appendix F: Data Collection Guide

Data Collection Guide

A) ***Observation Guide:***

The setting:

- Places of gathering (e.g.: lobby, lounge, other public areas)
    - Which activities take place there
- What type of information is listed on the bulletin boards
- Physical state of the environment

The people:

- In what ways do residents interact with each other?
    - Time span?
    - Behavior of residents amongst themselves?
    - Style of communication?
    - Do residents acknowledge others by saying hello?
    - Types of conversations?
    - Emotions?
- In what ways do staff members interact with residents?
    - Time span?
    - Behaviors?
    - Styles of communication?
    - Acknowledgement of others?
    - Types of conversations?
    - Emotions?

The activities:

- Events and their frequencies; advertisement of event?
- Who is leading the event?
- Is everyone participating? How?
- Is the atmosphere conductive to participation?

B) ***Interview guide for newly relocated seniors (individual interviews):***

I would like to talk to you about what it is like to live in this community. But first I would like to begin by asking you what home was like?

What did you leave behind? How did you feel about that?
How were you involved in your community (with family, friends and the community-at-large)?

Can you tell me what it was like in terms of moving here?
What did this move mean to you? What does it mean for you to be here?
What is it like to live in this community? (probe: by 'what' I mean like your family (couple, friends), was it a choice to come and live here, how did you go about deciding to come here, in terms of your goals?)

Can you tell me what helped or didn't help you in making the move? (probe: family, personality, other)

What was a typical day like during your first few weeks after you moved?
And what is a typical day like now?

Have you gotten to know other people?
If so, can you tell me how you got to know them? What does it mean for you to meet the people here?

How close would you say you are to them?

Are these people living close to you?
If so, is it important for them to be living close?
In what ways is it important?

Would you describe some of these people as friends?

Now I would like to ask you about your activities.

Do you take part in activities? Which ones? (probe: in the building or in the community)
Can you tell me your reasons for choosing these activities?
What do the activities here mean for you?

I have a few more questions which are more general in nature.
In what ways do you find your life different or similar from before the move to now?

Does it make any difference if you are a man or a woman in this community?
Ask a man: can you tell me why you do the same (or different) things as your wife? What are the reasons for this? Would you rather be doing something else?

What advice would you give to others moving in a building like this about getting involved with other residents?

Is there anything else you would like to share with me about your involvement with others since you moved here?

What was the best thing about moving here?
And what is the most challenging (terrible) thing about moving here?

I want to thank you for meeting with me and sharing your experience.

C) ***Interview guide for long term residents (individual interviews):***

I realize that it may be a long time since you moved here but I would like to begin by asking you about your move to this community and what it is like to live here.

Can you tell me about where you lived before moving here? What was home like?
What did you leave? How did you feel about that?
How were you involved in your community (with family, friends and the community-at-large)?

Can you tell me what it was like in term of moving here?
What did this move mean to you? What does it mean for you to be here?
What is it like for you to live here?
What is it like to live in this community? (probe: by 'what' I mean like your family (couple, friends), was it a choice to come and live here, how did you go about deciding to come here, and in terms of your goals?)

Can you tell me what helped or didn't help you in making the move? (probe: family, personality, other)

What was a typical day like during your first few weeks after you moved?
And what is a typical day like now?

Do you recall how you got to know other people?

How close would you say you are to them? What does it mean for you to know the people here?

Are these people living close to you?

If so, is it important for them to be living close?
In what ways is it important?

Would you describe some of these people as friends?

Now I would like to ask you about your activities.
Do you take part in activities? Which ones? (probe: in the building or in the community)
Can you tell me your reasons for choosing these activities?
What do the activities here mean for you?

I have a few more questions which are more general in nature.

How do you find out that someone has just moved into the building?

Can you describe to me how new residents get a chance to meet other residents?
How do they get to take part in activities? How are they included?

Does it make any difference if you are a man or a woman in this community?

Ask a man: can you tell me why you do the same (or different) things as your wife? What are the reasons for this? Would you rather be doing something else?

What advice would you give to others moving in a building like this about getting involved with other residents?

Is there anything else you would like to share with me about your involvement with others since you moved here?

What was the best thing about moving here?
And what is the most challenging (terrible) thing about moving here?

I want to thank you for meeting with me and sharing your experience.

D) ***Guide for focus group interview:***

Introductions of participants – name tags

Goal of the group meeting:

Confirm what I've understood from the interviews that have been done during the past months and give you a chance to correct any misunderstandings.

Consent forms: signatures

Rules: - Everything that is said remains in this room and is confidential
- Only one person may speak at a time
- Everyone will get the chance to speak; it is also ok not to speak
- Will respect everyone's opinions

Relationships:
The reason for this study was to better understand how seniors get to know other people especially after moving in.
I found that the reason for getting to know others is to form relationships, but not all relationships are the same. From what you've told me, I've identified 4 types of relationships.

- casual relationships
- security relationships
- supportive relationships
- friendships

Would you agree that these are the kinds of relationships that you have here at PPT? Are there any other that I didn't mention?

When describing security relationships, there was the notion of anticipated help. Can you tell me what it means to have anticipated help available to you?

When describing supportive relationships, I didn't get the sense that there was an obligation to give back when receiving help with something. Can you tell me if you agree that when you receive help from someone you don't feel like you need to do something in return to repay the favour because that's what people do in a place like this?

I would also like to know how many close/friendship relationships that you have now that you understand the other types of relationships? One, two, three? Inside the bldg.

I was also told by many tenants that at first, when they moved here, they were a bit surprised about the health conditions of others around them…always being surrounded by the realities of aging. Can we talk about this?

The factors:

It is known by people who work with older adults that the type of building predicts the behaviour of the tenants such as social activities, comfort in getting to know others and the like.

Here are a few things that I've identified that help to get to know others here at PPT:

- dining room; activity calendar; weekly newsletter; friendliness of the people

Do you agree with these?

Here are a few things that may make it difficult to live here:

- size of the building; remembering the names of people; having the proper clothing; gossip, loss of hearing

Would you agree with these?

There are also a few things that may make living here interesting or difficult:

- mind set or attitude; man or woman; life experience (previous moves)

Would you agree?

Is there anything else you would like to add about the things that influence life here?

Process:

One last thing that I was interested in was how new tenants get to know other people. I found that at first, there needs to be an openness to want to meet others, they look over the situation or their surroundings and then they decide to put themselves out there, talking to strangers or going out to activities on their own. Would you agree that this is how you first get to know people? Would you add anything?

Many also added that it takes time to develop relationships and that one has to be careful. Would you agree?

Has this discussion made you think of anything you would like to add about meeting other people or living here?

E) ***Ecomap:***

I would now like to draw on this diagram your involvement with others.

Can you tell me the names of 3 to 5 people, within this building (staff and resident), with who you feel comfortable with to ask for help or with who you do things with? How close are you to these people? Are there any of these people with who you have a difficult relationship?

Can you now tell me the names of other people outside this building to who you feel close to and that you can count on or that you do things with? These people can be family, friends, and professionals. How close are you to these people? Are there any of these people with who you have a difficult relationship?

F) ***Demographic Data:***

What year were you born? : _____

Sex: ____Female ____Male

Marital status: ____Single ____Married ___Living together
____Separated/Divorced ____Widow

What is the highest level of education you've completed? : _____

How would you rate your overall health:
___Excellent ___Very good ___Good ____Poor

Do you have children: ___Yes ___No
If yes: how many? _____ How many live in the Moncton area? : _____

What was the date of your move here: _____

How long did you live in your previous place: _____

Where did you move from? :
____ Family home ____ Other apartment ____ Other: _____

What community did you live in before you moved? _____

Code:_____

Appendix G: Consent Form for Interviews

Consent Form—Social Engagement Study (Interviews)

Title of Project

Social Engagement in Newly Relocated Older Adults

Part 1: Researcher Information

Name of Principal Investigator: Suzanne Dupuis-Blanchard
Affiliation: Faculty of Nursing, U. of Alberta
Contact Information: (506) xxx-xxxx

Name of Co-Supervisors: Dr Anne Neufeld & Dr Vicki Strang
Affiliation: Professors – Faculty of Nursing, U. of Alberta
Contact Information: (780) xxx-xxxx or (780) xxx-xxxx

Part 2: Consent of Subject

	Yes	No
Do you understand that you have been asked to be in a research study?		
Have you read and received a copy of the attached information sheet?		
Do you understand the benefits and risks involved in taking part in this research study?		
Have you had an opportunity to ask questions and discuss the study?		
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and it will not affect your care.		
Has the issue of confidentiality been explained to you? Do you understand who will have access to your records/information?		

Part 3: Signatures

This study was explained to me by:

_____

Date: _____

I agree to take part in this study.

Signature of Research Participant:

_____

Printed Name:

_____

Printed Name:

_____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Researcher:

_____

Printed Name:

_____

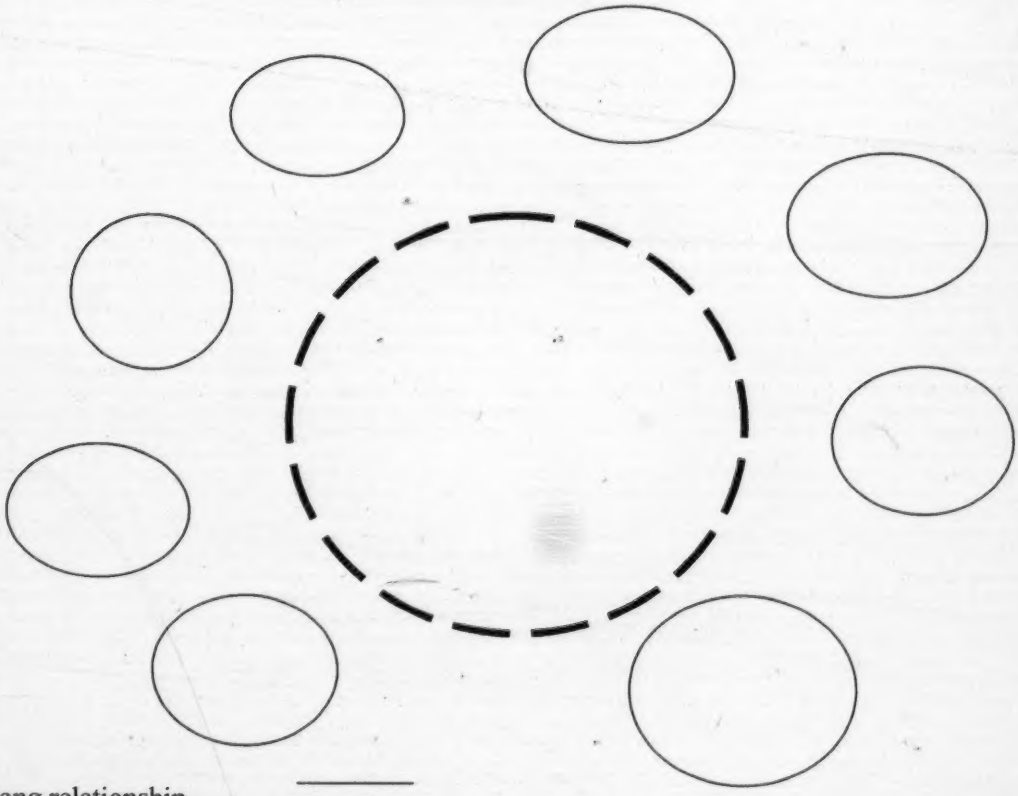
* A copy of this consent form must be given to the subject.

Code: _____

Appendix H: Ecomap Tool

ECOMAP

Social Engagement Study



Strong relationship

Moderate relationship

Weak relationship

Conflictual

Code: _____

Appendix I: Consent Form for Focus Group

Consent Form – Social Engagement Study (Focus Group)

Title of Project

Social Engagement in Newly Relocated Older Adults

Part 1: Researcher Information

Name of Principal Investigator: Suzanne Dupuis-Blanchard
Affiliation: Faculty of Nursing, U. of Alberta
Contact Information: (506) xxx-xxxx

Name of Co-Supervisors: Dr Anne Neufeld & Dr Vicki Strang
Affiliation: Professors – Faculty of Nursing, U. of Alberta
Contact Information: (780) xxx-xxxx or (780) xxx-xxxx

Part 2: Consent of Subject

	Yes	No
Do you understand that you have been asked to be in a research study?		
Have you read and received a copy of the attached information sheet?		
Do you understand the benefits and risks involved in taking part in this research study?		
Have you had an opportunity to ask questions and discuss the study?		
Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason and it will not affect your care.		
Has the issue of confidentiality been explained to you? Do you understand who will have access to your records/information?		

Part 3: Signatures

This study was explained to me by:

_____

Date: _____

I agree to take part in this study.

Signature of Research Participant:

_____

Printed Name:

_____

Witness (if available):

_____

Printed Name:

_____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Researcher:

_____

Printed Name:

_____

* A copy of this consent form must be given to the subject.

Code: _____